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ABSTRACT

Ten papers address issues in preparing disabled students for life after school. The Education Standing Committee of the New South Wales Advisory Council on the Handicapped collected the papers as a way of contributing to the International Year of Disabled Persons. "The Parent's Role in the Life of a Child with a Disability" (N. Rigby) considers help which parents require and which they can offer. "The Disabled Person and the Community" (C. Blakers) examines community attitudes and influences on those attitudes. The New South Wales Anti-Discrimination Board presents "The Role of Government in the Life of the Disabled Child," a discussion of governmental provisions on the commonwealth, state, and local level. A. Scott ("Technology, Employment, and the Disabled") describes technological devices to aid vision, hearing, speech, and mobility problems. In "The Place of Diagnosis, Early Intervention and the Definition of Handicap," P. Berry addresses such issues as the effectiveness of early intervention and confusion in incidence and prevalence rates. "Special Education and Preparation for Employment" (J. Reid) considers primary and secondary school programs as well as work experience programs. Similarly, M. Hauritz, et al., "The Role of Vocational Training in Preparing Disabled Youth for Independent Living," focus on the relationship of the educational system to employment options for disabled adolescents. In "Tertiary Education for Disabled Students," R. Rees reviews findings from a survey of difficulties faced by disabled college students in Australia. V. Weidenbach asserts that "The Role of the Arts in the Preparation of Handicapped Young People for Adult Society" includes aesthetic, sensory, and leisure skill development. The final paper, "Sport and Recreation for the Disabled" by W. D. Walsh and J. G. Anson, describes policies of state governments in Australia toward sport and recreation for disabled persons. (CL)

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THE PREPARATION OF DISABLED
YOUNG PEOPLE FOR ADULT SOCIETY

Commonwealth Schools Commission

June 1981

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FOREWORD

In recent years there has been an increasing interest in the preparation of students for working life while they are still at school. That interest has been accompanied by a concern that school programs and learning for all children should be suitably related to the world of work. At the same time there has been a growing recognition of the potential of disabled young people.

At a time when considerable emphasis is being placed on transition it is easy to see vocational training and the development of potential in terms of opportunities provided at secondary and post-secondary levels. While it is true for all children that these processes should begin very much earlier, it is important to recognise, particularly for disabled young people, that the processes should be concerned with the broadest possible view of adult life and not just with the narrower view suggested by working life and the world of work.

In the long term preparation for a full adult life and development of maximum potential all individuals, groups and activities impinging in any way on the lives of disabled young people have a significant role to play. These individuals, groups and activities include parents; members of the medical profession; teachers of the arts, sports and recreation; schools; the community; tertiary institutions; governments; post-school vocational training and further education; and developments in technology.

The Education Standing Committee of the New South Wales Advisory Council on the Handicapped had this view of the training and development of disabled young people in mind when it was considering ways of contributing to the International Year of Disabled Persons (IYDP) and it was suggested that a number of discussion papers might be produced on the general theme of preparing disabled young people for adult society. The Commonwealth Schools Commission was also interested in this theme because the separate topics under consideration were seen to be of national significance during the International Year of Disabled Persons. The outcome of this common interest was agreement that the Commission would invite authors to write discussion papers for publication.

Those papers are now presented in the hope that they will be useful in the general debate being engendered during the International Year of Disabled Persons. Each of the papers stands on its own and can be used to promote discussion in a particular area of interest. Collection of the papers into one volume underlines not only the wide range of needs which disabled young people have in the course of their development, but also the wealth of opportunity which can and should exist for them to achieve independence, maximum vocational potential, personal fulfilment and satisfactory relationships with other people.

The question of definition, which has assumed considerable importance in the International Year of Disabled Persons, has been taken into account in the production of the papers. In its editorial role the Commission has adopted the approach of the World Health Organisation which sees *disability* as measurable functional loss stemming from *impairment*, which is defined as a medical term for anatomical loss or loss of bodily function. For *handicap* the World Health Organisation definition has been used. This has been summarised by the IYDP Secretariat as the consequence of environmental and social conditions which prevent a person with a disability from realising his or her maximum potential.

While the Commission has undertaken the responsibility of editing and publishing the papers, the views expressed in them are those of the authors. The Commission appreciates the time, effort and interest given to the writing of the papers by the authors and it wishes to thank them for their willingness to undertake the task.

NOTES ON AUTHORS

J. Greg Anson. Completed a Trained Teachers Certificate at Armore Teachers College, New Zealand in 1965; taught physical education in New Zealand and Solomon Islands for five years. Completed Diploma in Physical Education at the University of Otago, New Zealand in 1978, Master of Science in Physical Education at the University of Wyoming, USA in 1977 and Ph.D. at The Pennsylvania State University, USA in 1980. Dr. Anson is presently a lecturer in the Department of Biological Sciences, Cumberland College of Health Sciences, Sydney.

Dr. Paul Berry is a Reader in Special Education at the Fred and Eleanor Schonell Educational Research Centre, Department of Education, University of Queensland. Previously he worked as a Research Fellow at the Hester Adrian Research Centre, University of Manchester and before that was a teacher of mildly mentally handicapped children at a school in Manchester. His main interests are the psychological development of young intellectually handicapped children, research into policy for the handicapped especially in the accreditation and evaluation of services, and psycholinguistics and the intellectually impaired.

Catherine Blakers is Executive Research Officer for the Australian Council of State School Organisations. She has taught at secondary and tertiary levels, and has had a wide involvement in educational planning in the Australian Capital Territory. Mrs Blakers was a member of the Auchmuty Committee, the National Inquiry into Teacher Education, and among her other writing has published *School and work* and was co-author of the recently published *Transition from school*.

Marge Hauritz, B.A. (Hons.), Dip. Ed., (Macq.). Ms. Hauritz, who commenced her career in special education with the follow-through programs at the Macquarie University Special Education Centre, has research interests in vocational skills acquisition, language acquisition, the development of auto instructional materials, staff training and systems analysis. Currently a Program Assistant on the Granville Work Preparation Centre Research and Development Project.

The New South Wales Anti-Discrimination Board. The New South Wales Anti-Discrimination Act 1977 established the Anti-Discrimination Board as from June 1st 1977 and invested it with quasi-judicial, community education and research functions. The original Act proscribed discrimination on the grounds of race (including colour, nationality, ethnic or national origin), sex and marital status. In 1979 the Board released the findings of a research project on discrimination and physical handicap

and in March 1981 the ground of physical impairment was included in the amending Act. More recently research reports have been released on *Discrimination and political conviction* and *Discrimination and age*. At present research is in progress into discrimination on the grounds of intellectual handicap, religious conviction, trade union membership, homosexuality and mental illness. A number of members of the Board's staff participated in the preparation of the paper *The role of government in the life of the disabled child* and the principal contribution was made by Mr. Ralph Champion, one of the Board's research officers.

Trevor R. Parmenter, B.A. (N.E.), M.A.C.E., Senior Lecturer in Special Education, Macquarie University. Currently Field Director of the Granville Work Preparation Centre Research and Development Project. Previous experience includes teaching physically and intellectually handicapped children. Research interests are reading, information processing, the vocational preparation of the handicapped for independent living, and service delivery.

Jean Reid has taught in infants', primary and secondary schools in New South Wales and the Australian Capital Territory; is a part-time tutor in special education at Canberra College of Advanced Education; and is at present in charge of the Department of Special Education at Daramalan College, Canberra, catering for an enrolment of ninety-eight boys with learning difficulties.

Roger Rees is currently Principal Lecturer and Head of the Department of Special Education at the Adelaide College of the Arts and Education, Underdale Campus. He has been involved in the field of special education at Monash University and Canberra College of Advanced Education before taking up his present appointment. He is currently a member of a tertiary education IYDP committee in South Australia whose principal aim this year is the appointment of a Counsellor for Disabled Students on South Australian campuses.

Vivienne Riches, B.A., Dip. Ed., (N.S.W.), M.A. (Hons.) (Macq.). Ms. Riches has had experience teaching physically handicapped children. Current interests are in research and program development in the area of social and interpersonal skills, the development of staff training materials and systems analysis. Currently a Program Assistant on the Granville Work Preparation Centre Research and Development Project.

Norma Rigby has been a member of the National Advisory Council for the Handicapped since its foundation (by then Prime Minister Whitlam) in 1975. Her principal responsibilities on Council are for early childhood and educational services. In 1945 she

began teaching intellectually disabled children and since then has worked with families with disabled children in many settings from pre-school through to adulthood. From 1971-77 she was executive officer of the Australian Association for the Mentally Retarded.

*Alan J. Scott, M.A., L.Th., FANZAAS, FRMetS., is Research Coordinator for ITIM Research, a division of the Inter-Church Trade and Industry Mission in Melbourne. Mr. Scott's interest in the relationship between disabled people and the workplace goes back over a number of years. His work in this area includes an Australia-wide study of the social effects of industrial accidents, a study of the employment of disabled people in the Australian Public Service and a study of ways to increase the employment of disabled people in the newspaper industry. In collaboration with Dr. Edwin Knight, Mr. Scott has recently published *Square pegs square holes* which details a new approach to the selection of people for employment which helps eliminate at least some of the problems faced by disabled people when applying for a job. Mr. Scott's interest also extends to the social consequences of technological change and he is currently studying the process whereby technology becomes part of a culture. In this area Mr. Scott has published *Employment and technological change* which looks at the wider implications of the impact of new technology on Australian society.*

Warren D. Walsh. Completed a Diploma in Physical Education at the University of Tasmania, in 1968. Was a physical education teacher in Tasmania for five years. Completed a Master of Human Kinetics, at the University of Windsor, Canada in 1977 and obtained his Ph.D. from the University of Queensland in 1981. Dr. Walsh is presently a lecturer in Motor Behaviour, in the Department of Human Movement Studies at the University of Queensland.

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THE PARENT'S ROLE IN THE LIFE
OF A CHILD WITH A DISABILITY

A Discussion

Norma Rigby
National Advisory Council for the Handicapped

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Everyone has, inside himself ...
What shall I call it?
A piece of good news!
Everyone is ... a very great,
very important character!

Ugo Betti
The Burnt Flower-Bed, II.

INTRODUCTION

I think it is worthwhile to state that this paper is not concerned in the main with children afflicted with chronic illness. Nevertheless, much that is said should have application to sick children as well as to children with disabilities. I hope it may be useful to their families, and to all those who may be involved, not only in sustaining life but also in ensuring to the best of their ability that that life is one which will be rich in experience. That the 'very great ... very important character' will not remain undiscovered; that the 'piece of good news' will reveal itself to all, in independence of spirit even if total physical independence is not possible.

Central to this discussion will be those children who have:

- . physical disabilities affecting movement, such as cerebral palsy and post-accident paralysis, spina-bifida, muscular dystrophy;
- . conditions affecting intellectual function such as those associated with Down's syndrome, in-born errors of metabolism, and other traumatic incidents such as maternal infections, for example rubella, accidents at birth, post-natal accidents and infections which result in damage to the brain;
- . sensory disabilities causing partial or total loss of sight or hearing; and
- . severe behavioural disorder such as autism.

Several of these conditions may affect only motor function, some both motor and intellectual function, and, in a small percentage of children, multiple disabilities may result in severe or profound handicap.

No matter how mild or how severe the child's disability, the time of discovery and diagnosis is a period of great sorrow and difficulty for parents. The way in which this crisis is resolved may well affect the future life of both child and parents.

ACCEPTING AND ADJUSTING

The ways in which parents may support and assist their child with a disability to become a mature adult will depend, to a great extent, upon how they themselves accept and adjust to having a child with a disability.

I use the words 'child with a disability' rather than 'disabled child' advisedly. The essential first step for parents is to see and accept the child as their child: always putting the disability behind the child, never obscuring the child by the disability. Having accepted the child, the parents may then begin to adjust to the disability.

Who do I distinguish between 'acceptance' and 'adjustment'? Acceptance is the more commonly used word and has its place, I think, in the sense that I have used it above. 'Adjustment' is an on-going process as in 're-adjustment', and implies the active participation of parents during different stages of their child's development.

Thus the parents' adjustment to the diagnosis of their child's disability (which may be at birth or at some time during infancy or childhood), will differ from the adjustment or re-adjustment to be made when questions arise affecting education, adolescence, employment, or the young adult's need for a more independent life.

Neither acceptance nor adjustment is easy for the parents of a child with a disability, but I think there is little doubt that the first steps are the hardest to take.

If parents' grief, fears and doubts are left unresolved or unsatisfactorily resolved, then the step-by-step progression for their child from infant to adult becomes a tortuous path indeed. Both child and parents may well become casualties along the way.

How, then, may parents make this adjustment to their child's disability?

It verges on the trite to say 'there is no easy way' if we reflect for but a moment upon what we are asking parents to do.

At that moment of full realisation, and I do believe there is a moment, even though there may have been a lengthy period of growing uneasiness, of hope and despair, their dreams and aspirations for their child are shattered. He or she will not see loved ones or hear their voices, he will not skip and run, his limited intelligence will not permit him to follow in mother's or father's footsteps, his unreachable personality will deny parents the rewarding responses of a loving child.

Accepting the child, adjusting to the reality not the dream, is frequently a lengthy process. It is one that most parents cannot usually manage without some help from outside themselves.

WHAT KIND OF HELP DO PARENTS NEED?

The birth of a child always brings with it changes in relationships within the family unit. How much more so is this the case if the child is seriously ill or has a disability which may have the potential to handicap him or her for life? The same applies to a great extent when a child is seriously injured in an accident or is discovered, at a later stage of childhood, to be, for example, mildly mentally retarded or autistic.

The family, and especially the parent or parents, are in a state of shock and grief. They may also be angry. There is great fragility in relationships: not only between the parents themselves, but also perhaps with other family members - siblings, grandparents, aunts and uncles. This may also extend to close friends and neighbours.

Whether the parents are consulting the family doctor, mother's gynaecologist, specialist paediatrician, a counsellor of some kind or even a friend, their great need at this time is to be listened to.

Requests for factual information should be answered in a clear and concise way. The helper should sense when to intervene and when to withdraw. A written copy of the factual information given should be left with the parents so that they may refer back to it. It is very easy to hear without comprehending when you are in a distressed state, whatever the cause. A written record may later save much confusion and perhaps even a total breakdown in communication between the family and those most able to help them. It may also assist the parents to monitor and question the treatment being given to their child.

If parents are to be helped in building up strong and stable relationships with their child with a disability, or within the rest of the family, they themselves must be allowed to set the pace for their adjustment and rehabilitation.

There is a danger that helpers, in their anxiety to do something for the child with the disability, may fall into the trap of trying to achieve this by urging the family along at a pace it is not ready for.

This does not mean that they should not anticipate the next step and gently guide the family towards it, but the decision to take that step must be made by the parents. It is the helper's role, whatever his or her provenance (and here I also include other parents who have worked through a similar experience) to ensure that parents have the knowledge, understanding and confidence to make decisions, not to make decisions for them.

Parents frequently voice the feeling that, as soon as they have a child with a disability, they too are treated as if they are disabled. Perhaps this partly arises from oversensitivity, but to people whose self-image has suffered a serious blow it is not unrealistic. This loss of self-esteem does not affect parents alone.

Although this discussion is mainly concerned with parents assisting the growth and development of their child with a disability, the role of brothers and sisters is too important to be overlooked. Siblings also suffer loss of self-esteem, particularly when it is a newly born baby that is affected. They may feel rejected and neglected as their parents are absorbed with their own and the baby's needs. If they are not helped to understand these feelings, if their parents, and those who counsel the parents, do not reassure them of their love for them and include them in the care of the baby, they are likely to reject the baby and to continue to do so for the rest of their lives.

Important as any outside support may be, it is the day-to-day support from within the family that encourages and sustains parents. It may indeed be by the urging of an older brother or sister that parents allow their now adult son or daughter to move away from the family home.

Almost as important as being involved with their parents in the care of the baby, is a brother or sister's need for factual information about the baby's disability. This must be at a level they can understand and impart to friends and school teachers.

It would be a counsel of perfection to expect all negative feelings in both parents and siblings to be overcome in these early days. However, much negative feeling may be channelled into positive outcomes if the trust and confidence is gained of the whole family.

Before completing this section I would like to touch upon two specific issues as they are ones frequently referred to by parents.

The first is, if and when should you introduce the family to another family who have a child with the same or a similar disability or to a parents' organisation?

Most parents who speak and write about these issues feel that they were the most significant events in coming to grips with a disaster which they believed had happened only to them. Sharing their feelings, their hopes and fears, with another family or within a supportive organisation, appeared as the light at the end of the tunnel.

By experience I have learned that this is not always the case. Parents sometimes feel trapped within an organisation, making

social contacts exclusively within it, becoming absorbed in its activities and gradually losing touch with former friends. They have also felt inhibited about making decisions for their child's future which were contrary to the mainstream of thought within the organisation.

Matching 'old' with 'new' parents is also something that must be done with great sensitivity, and it mostly is. However, all parents and families are different and accordingly have different needs. Some want, and must have, the whole story in a week; others need it to be unfolded over a comparatively long period; still others are at every point between these two extremes. There can be no hard and fast rules. You, the helper, have to learn to listen, to reflect and to respond to the parents and family from its own, very personal standpoint.

Secondly, there is the question of how many different persons or agencies are responding to the parents' needs. How do we overcome what can be a barrage of conflicting advice, usually well meant if not always asked for, being fired at the parents from all directions?

I think that, to a certain extent, it has to be lived with, but its disturbing effect on parents could be considerably diminished if the concept of the *named person* (as proposed in the United Kingdom Warnock Report and used by the Honeylands Centre, Exeter) were introduced. That is, one person chosen by the parents from the therapeutic team concerned with them and their child. This person becomes the friend and confidante of the parents; the central reference point between parents, therapists and agencies, who can be immediately responsive to the needs of both parents and child.

Early intervention (which is the subject of another paper), usually concerns itself with children in families. If the first intervention with parents and family has been right for them; if, ever so slowly, they have accepted their child and adjusted to his or her disability; then they are already on the way to assisting their child to become a mature adult.

WHAT KIND OF HELP CAN PARENTS GIVE?

At the Beginning

Assuming that a working partnership as outlined above has been established, how then can parents best assist in their child's development?¹

1. Unless otherwise indicated *development* is used to embrace physical, mental, social and emotional development.

The kind of help that parents can give may vary for reasons which are closely interwoven into the fabric of their family life: there may be an elderly relative to care for or a handicapped parent; family responsibilities may make it essential that both parents go out to work; it may be a single parent family; or one in which there is another child with special needs already being cared for at home.

Whatever the reason, there will be some parents who make a decision to seek full-time care for their child away from the family home. Such a decision should not be assumed to arise from a failure on the part of parents to accept and adjust to their child with a disability.

Their decision to make this choice should be as well-informed as possible. Once made, those who have been counselling them should support them in this decision, acknowledging that not every family, in spite of the existence (where they do exist), of support systems, named persons, resource centres, introduction programs and so on, can maintain their child at home.

The role of these parents may well become one of working for more and better programs within the residence in which their child lives, or acting as catalysts in forming a self-help group of parents of children in the residence. The better informed, the better supported these parents are, the more likely they are to pursue these roles, to maintain a loving interest in their child, and to see that his or her life experiences are as rich as they can make them.

I think it may be said in 1981 that the vast majority of parents who have a child with a disability do want to help that child to develop to his or her maximum potential. Perhaps the best witness to this desire is the world-wide growth of parents' voluntary organisations representing almost every disability. Their activity has resulted in more and better education, housing and community acceptance for their children.

The most recent innovation is the early intervention program which stretches out beyond the purely medical intervention of earlier times to affect all facets of the child's development. Awareness of the importance of parents as part of the intervention team is gradually eroding the old precept, that parents were more hindrance than help in assisting their child. And this concept of parents as partners is now beginning to inform the whole educational program for children with disabilities.

I think it would be true to say that mothers tend to take the leading role in participating in these programs. It is, therefore, most important that, wherever possible, fathers (and siblings) should also have some defined responsibility in what is essentially a team effort between the whole family, teachers and therapists. Discussion evenings for fathers could be built into the program, as well as an occasional weekend at a holiday resort where a few involved families can

come together with all their children for talk-out sessions, with child care facilities, provision for recreation and social activity and, most importantly, paid or volunteer helpers to do the chores.

Parents as partners is, perhaps, one of the most significant developments of the past decade. But, parents do have a unique contribution to make - *parenting*. It cannot be done by any other member of the therapeutic/educational team. A tendency to cast parents in a teaching role is to be avoided. Indeed, I would go so far as to say discouraged, if the parents show signs of assuming this role in too determined a fashion. From time to time most parents help children with their school work and I am sure that those who do so are only too aware of the tensions that build up as children are drilled night after night, in spelling or multiplication tables. Even trained teachers find it difficult to combine structured teaching with mothering or fathering.

There are so many things that will assist the child with a disability that parents, siblings, relatives and friends can do; but, and here is where the partnership is important, they may not do them unless encouraged and reassured by the other members of the team.

And Now to School

Whether or not parents have been fortunate enough to have their child in an early intervention program, or attending pre-school, they have, consciously or unconsciously, been preparing themselves to make an important decision. Where shall our child go to school?

I see this as a re-adjustment milestone.

What have these first five or six years accomplished in terms of parental acceptance? Have we, as parents, found that 'piece of good news', the 'very great ... very important character' that lies hidden in our child with a disability? If so, how realistically do we see his future? Not for the next ten or twenty years but, say, for the next five or six years?

Now is the time for stocktaking. Have the years revealed a good mind in a poor body or a poor mind in a good body? Or have our worst fears been realised and both body and mind are affected? Perhaps it is just a little of one and a little of the other? Maybe it is only deafness or blindness and the future looks good, if difficult; perhaps we are still struggling to find the person locked away behind the bizarre behaviour.

Dramatic, maybe. But these *are* the questions that parents of a child with a disability have to grapple with at the time. He or she is no longer a baby whose bodily needs are all that have to be met. He or she is a child at the age where other

children go to school and whose parents need not give much thought to it ... it is the school most of the neighbourhood children attend. But where will this child go? To a special school? Perhaps, if there is one. If there is not, the only school suitable for him or her may be a residential one far away from the family home.

In recent years another alternative has appeared. The child may be *integrated* into the neighbourhood school, not segregated with 'others like him or herself'.

Once again, parents may be assailed by 'good' advice from all sides and how fortunate are those who have already established a working partnership with the therapeutic/teaching team. The decision is the parents' alone, but they have a trusted source of advice to base it upon. Other parents may have read widely, but still others may be making a real decision for the first time affecting their child's adult life. They may receive invaluable help from a parents' organisation. If it is possible to involve the child him or herself in discussions at this time, the importance of doing so should not be overlooked.

Having made their choice of school, parents should continue to be closely involved with staff and participate in discussions concerning their child's progress.

Only if this consultation exists at all times can there be any assumption that the growing child is doing what he or she wishes to do, or that parents have the understanding and information necessary to enable them to consider wisely the choices which may be available to their child. This will also ensure that, when parents press for a re-assessment of their child's educational capacity, it will not be an unrealistic or frivolous request.

But even the best school placement, the closest co-operation between parents and teachers, cannot give the child many of the life experiences which will play an important part in determining how well he or she will cope with adult life.

Community Experiences

The growing child needs to share and participate in experiences within the wider community. He or she should be encouraged to join in peer group activities such as hobbies, clubs, scouts or guides. It is my observation over many years that, where a family is well adjusted to their child's disability and present him or her with confidence to these organisations, the child has a good chance of being accepted by both leaders and peers. If the parents lack that inner conviction themselves, then their reluctance is conveyed to the community group and the child is rejected with profuse apologies. They have, in fact, received the response they were asking for. But the loss is not only theirs, or their child's: an opportunity has been lost to change attitudes towards disability and this could be significant for their child when he or she becomes an adult.

However, even the best of worlds is rarely perfect and the well-adjusted parents of a well-adjusted child may still meet with rejection. Now parents must pick themselves up and re-adjust yet again.

Television, magazines, and newspapers reinforce again and again that perfect is beautiful. Parents must brace themselves (fortunately far fewer have to do this in 1981, and it is hoped still less after the International Year of Disabled Persons) to take their child out into the community and let him or her be seen in shopping centres, parks, playgrounds, galleries, theatres, football grounds, swimming pools. The list is endless and includes anywhere children and families go. I must also include opportunities for visits away from home to stay with relatives or a friend. If they do not do this, the child's adult life will be limited to safe places - the bus with 'handicapped passengers' emblazoned on its side, the hostel or institution where parents feel 'he or she will be safe after we have gone', and where the adult is still often treated as a child for administrative convenience, where normal sexual or even friendly man/woman relationships are frowned upon and actively discouraged, where the active mind in a disabled body seethes with frustration at being set to make yet another hooked rug.

But before adulthood is reached there is yet another crucial time of stocktaking for both parents and their child with a disability.

Adolescence

Adolescence is frequently a stormy and frustrating time for so-called normal young people. There are changes of school, changes in physical appearance, and the stirrings of strange and unfamiliar emotions.

These changes are also taking place in the young person with a disability.

The feeling of being rejected by their adolescent child is not unknown to many parents. Parents of an adolescent who is disabled are especially vulnerable at this time. The investment they have made in accepting their child and adjusting to his or her disability, to fighting all along the way to support his right to education and a place in the community, is enormous. How much more difficult for them to face frustrations, anger, seeming rejection with a philosophical 'it will all come right in the end'.

Much of the frustration, particularly of the adolescent with only physical or sensory disabilities, may arise from the fact that he or she is being under-challenged in the school setting. Parents must be alert to this and be prepared to make a change of school: to risk, or allow the young person to risk, moving from a special school to a carefully selected mainstream school.

By 'carefully selected' I do not mean any particular kind of school, but rather one where the Principal, staff and total school community, including parents of other students, are ready to welcome a student with a disability.

There has been a tendency in the past for physically and sensorily disabled young people to be denied the opportunities of senior secondary and tertiary education leading to careers appropriate to their intellectual capacity. This has sometimes happened because parents and sometimes even teachers have not been fully aware of their child's ability in a situation where the primary emphasis has been on the limitations imposed on the person because of his or her disability.

With the International Year of Disabled Persons' emphasis upon access to community life it is to be hoped that removal of many of the barriers to a richer life for all people with disabilities will mean that both parents and young people will be given the same access to choices in education, employment and living that are available to other adolescents.

Parents of adolescents who are mentally retarded should also be aware of and seek out opportunities for further education in community and technical colleges, leisure time classes, sports and recreation clubs.

Loneliness and a sense of being cut off from the mainstream of life is one of the heaviest burdens for a person with a disability to bear.

Parents may do much to alleviate this by encouraging their son or daughter to make friendships not only within the family or their own disability group, but with the many young people who are ready to welcome them as friends. The rapid growth throughout the world of the L'Arche Movement and Youth Advocacy Groups, where disabled and able-bodied people share group homes and friendship, indicate that suggesting a wide range of friends is no longer a pious hope, but a reality.

It is frequently very difficult for parents who have been so intimately involved in their child's life to realise that he or she is no longer a child with a disability, but an adult. Over the years, whether voiced or not, that question has hung in the air. 'What will he or she do when we are too old to care for him or her? or, worse still, are no longer here?'

The time for yet another re-adjustment has come and a new kind of acceptance is called for and great courage. The young person that you have so caringly prepared is ready to step out into the world. Can you let him or her go?

Stepping Out ²

Stepping out into what? Into life and all that that means for adults whether or not they have a disability.

Into further education, employment, sheltered employment. Into friendships, love and marriage. Into living in a college, hostel, group home, a flat of one's own.

Into running risks, making mistakes, even perhaps into danger.

There are few parents, whether their child has a disability or not, who do not spend sleepless nights worrying about that 'child' who is dipping his toes into the uncharted sea of life. Yet not many would call out 'come back onto the safe sand'. It is taken for granted that the risks have to be taken and that he will learn from his mistakes. Leaving home to live with friends or setting up in a flat of his own is usually seen as a good thing, a sign of independence.

It would be quite stupid even to imply that this sort of independence will be possible for all young people who are disabled. But, and I would like to stress this, many more are capable of it than have hitherto been given the opportunity to try.

As an example I would like to mention a group whom I taught in a special school and workshop for moderately retarded children (IQ less than 55) twenty years ago. Several of these adults are now living in single flats, three or four have made successful and stable marriages, others are living in unsupervised group homes with access to counsellors. Most are in outside employment and the remainder in sheltered employment.

When these young people were at school their parents were constantly worried about their future. So much so that they worked hard to raise funds to build a hostel for them. One mother died and her daughter had to be sent to a large State institution until the hostel was ready to receive her. For the past ten years that woman has been in open employment and, for the last five years, living alone in a flat. Not much over twenty-five years ago each of these people would have found their permanent home in a large institution. How truly it has been said that the greatest handicap such people had was the low expectations society had for them. (Prof. Gunnar Dybwad, President, International League of Societies for the Mentally Handicapped.)

There are at this time many young adults with severe physical disabilities who are held in institutions simply because here, in Australia, we do not have an allowance such as the disability

2. This title is taken from a film of the same name produced by Mr Chris Noonan for International Year of Disabled Persons.

or independent living allowance available in some other countries. Such an allowance would enable many to step out from the institution, hire a suitable attendant to assist them with those acts of daily living for which they need help: getting up, bathing, dressing, going to bed. I do not praise this allowance for any financial saving it may represent to the community, but because it would give that independence of spirit and mind that I referred to at the beginning of this discussion.

Outside employment may be possible for only a small proportion of adults with disabilities. Sheltered employment *is* work, and must always be accorded the same value as other kinds of work no matter how humble the task performed. Parents must honestly show the same appreciation of the article made by a sheltered employee as they would the achievements of a more talented son or daughter. If it is only a pretence of honesty it is the rare young man or woman who will not see through it, and have his or her dignity and spirit crushed.

Parents must be similarly honest when it comes to emotional relationships. There must not be one set of rules or standards for parents and siblings and another for the person who is disabled.

Parents and child have been growing, each in their own way, since that day his or her disability was discovered or diagnosed. They will know each other very well by now.

Some parents may have had to relinquish caring for their child at home, some may have seen their child do those things they had dreamed about before they knew he or she was disabled. Some may have had to lower their sights, some, to their surprise, may have had to raise them. Some may still be searching for that 'piece of good news'.

No parents, I trust, will be spending time worrying about what will happen when I am gone. They will themselves be mature enough to allow their son or daughter to step out into the adult world where his or her character will go on developing whether it be in an institution, group home, hostel or flat and at the same age or not much older than brothers or sisters when they first try their adult wings.

CONCLUSION

Just as most parents continue to be concerned for, and share the joys and sorrows of their adult children, so will parents of a disabled son or daughter keep on playing a significant part in their lives. Perhaps more than anywhere else it is in this relationship that the maturity of their adult child will be revealed.

READING LIST

A. FAMILIES AND CHILDREN

AUSTRALIAN ASSOCIATION FOR THE MENTALLY RETARDED, *Like other children*, Canberra, AAMR, 1980.

AUSTRALIAN COUNCIL FOR REHABILITATION OF DISABLED. *Changing philosophies and practices in education; The charter for the education of children and adults with handicapping disabilities*, 1978.

ARNOLD, L. Eugene, ed., *Helping parents help their children*, New York, Brunner/Mazel, Inc., 1978.

BRUCE, Mike, *Where there's a will*, London, Souvenir Press, 1980 (Human Horizons Series)

CARR, Janet, *Helping your handicapped child; a step-by-step guide to everyday problems*, Harmondsworth, Penguin Books Ltd, 1980.

JEFFREE, D., McCONKEY, R., and HEWSON, Simon, *Let me play*, London, Souvenir Press, 1978 (Human Horizon Series)

KIERNAN, C., JORDAN, R., SAUNDERS, C., *Starting off*, London, Souvenir Press, 1978 (Human Horizon Series)

MCCORMACK, Mary, *A mentally handicapped child in the family - a guide for parents*, London, Constable & Co. Ltd, 1978.

MARAIS, Elizabeth and Michael, *Lives worth living, the right of all the handicapped*, London, Souvenir Press, 1976 (Human Horizon Series)

MITTLER, Peter, *Parents as partners in the education of their handicapped child*, UNESCO expert meeting on special education, 1979. Paris, UNESCO, 1980.

WESLEE, D'Audney, ed., *Giving a head start to parents of the handicapped*, Omaha, Nebraska, University of Nebraska Medical Centre, 1976.

B. DISABLING CONDITIONS IN CHILDHOOD

Autism

LOVELL, Ann, *In a summer garden; The experience of an autistic child*, London, Martin, Secker & Warburg Ltd, 1978.

WING, Lorna, *Autistic children - a guide for parents*, 2nd rev. ed., London, Constable, 1980.

WING, Lorna, 'Lecture, Sydney University, 25 November, 1980,' *Breakthrough* (The Autistic Children's Association of New South Wales) No.41, 1981.

Blind/Visually Handicapped

CHAPMAN, Elizabeth K., *Visually handicapped children and young people*, London, Routledge, Kegan & Paul, 1978.

SCOTT, Eileen P., JAMES, Jan E., FREEMAN, Roger D., *Can't your child see?* Baltimore, Univ. Park Press, 1977.

Brain Injured

CRUIKSHANK, William M., *The brain injured child in home, school and community*, Syracuse, Syracuse Univ. Press, 1967.

Cerebral Palsy

HEWETT, Sheila et al, *The family and the handicapped child; A study of cerebral palsied children in their homes*, London, Allen & Unwin, 1970.

WHITE, Paul, *Janet at school*, London, A & C Black, 1978.

Deaf, Deaf/Blind

BURNS, Dorothy A., DAVEY, Patricia R., *About the deaf child; an integrated project in the interests of the hearing handicapped child*, Sydney, Wiley, 1973.

CORDWELL, Alice M., *Out of silence; a book for the families and friends of hearing handicapped children*, Sydney, Alella Books, 1971.

INTERNATIONAL ASSOCIATION FOR EDUCATION OF DEAF BLIND. *Proceedings*. Sydney, Royal NSW Institute for Deaf and Blind Children, 1976. (Seminars for educationists, health personnel, vocational counsellors and parents)

Hyperactivity

WENDER, Paul, H., *The hyperactive child - a handbook for parents*, 8th Printing, New York, Crown Publishers Inc., 1976.

Learning Disabled

McWHIRTER, J. Jeffries, *The learning disabled child; a school and family concern*, Campaign, Illinois, Research Press Co., 1977.

Mental Retardation/Intellectual Handicap

HENRY, Margaret B., *Towards achievement and acceptance - classroom studies of mildly intellectually handicapped children*, St Lucia, Qld., Univ. of Qld., Schonell Educational Research Centre, 1978.

JOHNSON, Vicki M. and WERNER, Roberta A., *A step by step learning guide for retarded infants and children*, London, Constable, 1980.

JOHNSON, Vicki M. and WERNER, Roberta A., *A step by step learning guide for older retarded children*, London, Constable, 1980.

MOISE, Lotte E., *As up we grew with Barbara*, Minneapolis, Dillon Press Inc., 1980.

OPPÉ, T.E. and WOODFORD, F. Peter, eds, *Early management of handicapping disorders*, Amsterdam, Associated Scientific Publishers, Copyright 1976. Institute for Research into Mental and Multiple Handicap, London. U.K.

"SOBOL, Langsam Harriet, *My brother Steven is retarded*, Victor Gollancz, 1980.

Spina Bifida

ANDREWS, R.J. and ELKINS, J., *Society's response to new handicapped children; Spina bifida and hydrocephalus*, St. Lucia, Qld., Univ. of Qld., Schonell Educational Research Centre, 1978.

C. ADOLESCENCE AND ADULT LIFE

AUSTRALIAN COUNCIL FOR REHABILITATION OF DISABLED. *National Convention*, Sydney, 1978. *Adolescent rehabilitation*, Canberra, ACROD, 1979.

AUSTRALIAN COUNCIL FOR REHABILITATION OF DISABLED. *A national attendant care allowance; A discussion paper*, Canberra, ACROD, 1981.

AYAULT, Evelyn West, *Helping the handicapped teenager mature*, New York, Associations Press, 1971.

CRAFT, Michael and Ann, *Health and sex education for the mentally handicapped; Slides and commentary*, Essex, Groves Medical Audiovisual Library, 1977.

DICKMAN, Irving R., *No place like home - alternative living arrangements for teenagers and adults with cerebral palsy*, New York, United Cerebral Palsy Associations, 1975.

ORMAN, Pierre, 'Sexuality and the disabled person', extracted from *Social Biology Resources Centre bulletin*, Univ. of Melbourne, Dec. 1975, pp. 3-6.

GREENGROSS, Wendy, *Entitled to love; the sexual and emotional needs of the handicapped*, London, Malaby Press in association with the National Fund for Research into Crippling Diseases, 1976.

INTERNATIONAL LABOUR ORGANISATION. Danish International Development Agency. *Report on the ILO/DANIDA Asian Regional Seminar on vocational rehabilitation of the blind and deaf*, Hong Kong, 1-17 December, 1976.

INTERNATIONAL LEAGUE OF SOCIETIES FOR THE MENTALLY HANDICAPPED. *Mental handicap, human relationships, sexuality*. Marburg, W. Germany, ILSMH, 1975.

KIMPTON, Winifred et al, *Love, sex and birth control for the mentally retarded - a guide for parents*, 3rd ed., Philadelphia, Planned Parenthood Association, 1973.

McANDREW, I., 'Adolescents and young people with spina bifida a study of physical difficulties and some of the emotional problems faced by 35 young people with myelomeningocele, 1975-76', *Developmental medicine and child neurology*, Vol. 21, 1979.

MEYERS, Robert, *Like normal people*, London, Souvenir Press, 1979 (Human Horizon Series)

MURKIN, Carlene and WOMERSLEY, Robyn, *For young deaf people; a guide to everyday living*, Melbourne, Victorian School for Deaf Children, 1978.

SHEARER, Ann, *A right to love? A report on public and professional attitudes towards the sexual and emotional needs of handicapped people*, London, Spastics Society and National Association for Mentally Handicapped, 1972.

SHEARER, Ann, *L'Arche - describing community living in homes belonging to the Federation of L'Arche, founded by Jean Vanier. Reprinted by permission of the President's Committee on Mental Retardation*, Washington, DC, Ontario, 1976.

WALDHORN, Hilda K., *Rehabilitation of the physically handicapped adolescent*, New York, John Day, 1973.

WHELAN, Edward, *Learning to cope* (for parents of intellectually handicapped teenagers), London, Souvenir Press, 1979 (Human Horizons Series)

WOLFENBERGER, Wolf, *Normalization - the principle of normalization in human services*, Toronto, National Institute on Mental Retardation, 1972.

For a more exhaustive reading list see: *The handicapped in Australia; a select bibliography*, Canberra, National Library of Australia, May, 1981.

All books listed are available from either the Australian Council for Rehabilitation of Disabled (ACROD) or Australian Association for the Mentally Retarded (AAMR) libraries, Canberra.

THE DISABLED PERSON AND THE COMMUNITY

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PREAMBLE

We come of a culture which in ruder times made fools of its misshapen dwarfs, exhibited the deformed as side-show freaks, burned disfigured women as witches and entombed the mentally disordered in prisons. Deformity, disability and diseases were the stock-in-trade of beggars; their livelihood, the charity attendant on pity and revulsion. It is not so long since our civilization accepted as normal practice the disabling of children through their work as chimney sweeps and in mines and factories, and through the malnutrition and disease induced by their living conditions.

Most of these practices are behind us now. They disappeared gradually over time because the community was made conscious of them and found them intolerable. There can be no doubt that our attitudes and intentions towards disabled persons have changed. We no longer regard them as objects of ridicule and we wish them well; but our awareness of their needs and problems is not sufficiently constant to ensure that the practice reflects the intention. Every now and then when cases are featured in the media we are appalled at evidence of abuse and brutality in family and community life; we are outraged by the inadequate or hopeless conditions in some institutions provided for mentally or physically disabled people - and public outrage forces improvements. Every now and again we come in contact with disabled children and their families, and we wonder how they can possibly cope. And every mother of a new baby knows the deep fear behind the question, Is it all right?

These are our moments of awareness. But mostly we go about our normal daily lives without giving much thought to those among us who are disabled. When we do, when our attention is engaged by publicity or personal contact, our awareness is, as often as not, accompanied by a feeling of impotence and a lack of confidence in our ability to improve conditions for disabled people generally or to help effectively in a personal capacity.

This year - the International Year of Disabled Persons - is dedicated to improving the lot of disabled persons in our society. A first step must be to raise and maintain the awareness of the community on the issues involved so that our social practices may come more closely to reflect a concerned and caring community. It is the aim of this paper to explore ways in which we all, as members of this community, can extend our understanding of disabled people, develop our relationships with them and ensure that they are able to live fully and with dignity within our society and not merely to survive on its fringes.

PART I

THE DISABLED PERSON

Each mortal thing does one thing and the same:
Deals out that being indoors each one dwells;
Selves - goes itself; *myself* it speaks and spells;
Crying *What I do is me: for that I came.*

Gerard Manley Hopkins

WHAT IS A HANDICAP?

H.G. Wells¹ tells the story of a traveller in a far land who, losing his way, stumbled by chance into a hidden and unknown valley whose inhabitants were all totally blind. Here among the sightless, he thought the possession of two good eyes guaranteed him power and the opportunity to rule as King. What turned out was very different. In a society organised by and for blind people, the ability to see became a handicap, impeding the compensatory development of other physical senses and preventing acceptance of the common social beliefs and customs. He became a misfit and an object of that mixture of attitudes and emotions which human beings have traditionally focused on the person who is different: embarrassment, pity, concern, fear, disregard and ridicule.

This is a fictitious illustration of the fact that circumstances create and alter handicaps. What is a handicap in one set of conditions may be an advantage in another. Early Australian explorers starved to death in country where Aborigines thrived, because their culture and experience constituted a handicap in new circumstances. The person who cannot swim is handicapped physically in the water and socially if he² lives among people to whom swimming is a way of life. The inability to communicate effectively with other people is a common handicap for those who travel in foreign lands; for those who are very shy; for non-English speaking migrants in Australia; for Australians who have difficulty using their own language effectively.

In an intolerant society or in adverse economic circumstances (particularly when jobs are scarce), the colour of skin, the shape of eyes, a different language or accent - these and other distinguishing characteristics can become a handicap. In a materialistic and competitive society, poverty is a basic handicap. In a male dominated and oriented society, being female may be a handicap. To be left-handed in a right-handed society constitutes a handicap. Illness handicaps and so does old age, and so, in gaining employment today, does youth. The concept of handicap is thus relative and variable. We are all 'handicapped' on occasion.

The common element in handicap is a dis-ability which impedes the achievement by the individual of his aims, goals or interests. The individual learns to live with his day-to-day disabilities and the society tolerates as normal a wide range

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1. H.G. WELLS, 'The country of the blind', in *Selected short stories*, London, Nelson, 1946.
 2. The English language unfortunately lacks a common gender pronoun. Available alternatives seem unacceptably clumsy. For this reason, the masculine pronouns have been used to denote both sexes.

of temporarily disabling conditions among its members. A disability becomes a handicap when due to environmental or social conditions, it retards, distorts or otherwise adversely affects development or adjustment to living. A handicap makes some persons less able than most others to survive and develop fully as human beings in the circumstances and conditions of the society in which they find themselves.

THE NATURE OF DISABILITIES

The term 'disabled' is applied in our society to those persons who suffer intellectual, physical or sensory impairments, singly or in combination, to a degree which distinguishes them from the community in general and makes it more difficult for them to operate satisfactorily in the society of which they are members, due to resulting functional loss, or disability. Such disabilities may arise from a variety of causes. They may be congenital; they may be due to disease or the use of particular drugs and medication before or after birth; they may be the result of accidents later in life. Thus though accidents of nature or circumstances which affect physical or mental capacities are a primary source of disabilities, handicap emanates from social attitudes and practices which discriminate against those who do not conform to accepted norms. Very often those who suffer disabilities have handicap thrust upon them by an unthinking society.

There can be no predetermined yardstick for identification of the relationship between disability and handicap and measurement of the degree of handicap. What appears as a handicapping disability in one set of circumstances may not be so in another. What one person finds an inconvenience and another a challenge may be a despair to a third. The degree to which a disability handicaps an individual cannot be dissociated from personal and social perceptions of the disability. The more the individual considers the disability a handicap, the more it becomes a handicap. The more the community regards it as a handicap setting the person apart from the society, the greater the degree of handicap it becomes. To the original disability is then added the secondary handicap arising from perceptions and attitudes.

LABELLING

In any community, an individual as he develops acquires a status which identifies him in the eyes of others and very often in his own eyes. For most people status derives from their paid employment and a person becomes identified as a lawyer or labourer or doctor or banker or plumber or public

servant. Some people find their status and identity outside paid employment as mothers and housewives, in sport or hobbies, in community work. And some, for personal or social reasons, acquire a negative status indicating community rejection and disapproval. One of the heavier penalties of unemployment is this negative status expressed in terms like 'dole bludgers'.

The status indicates community attitudes and expectations and, for most individuals, what is thought and expected of them influences what they think of themselves, what they believe they can achieve and what they can in fact achieve. There is ample research in educational circumstances to show that teacher and parent expectations are among the strongest influences, positively or negatively, on student achievement.

The same principles apply with disabled persons. The community view of the person and his capabilities is conditioned by the label which has been attached to his particular disability. Too often, what the disabled person can achieve is restricted by what his community expects him to achieve and what he himself has been led to believe he can achieve. The label or status of 'handicapped' diverts attention from the person to his disability. In the eyes of the community, his complexity as a human being is diminished, his personality codified and his responses defined. He becomes a condition rather than a human being who happens to have disabilities.

Some labels are necessary for purposes of medical diagnosis and access to special services, but they are often used more widely than necessary and some are used inaccurately, perhaps because they seem more socially acceptable at a particular time. The term 'autistic' for example gained popularity and indiscriminate use in the 1960s and early 1970s largely because the problems of autistic children had been sympathetically treated in the media. Dyslexia has undergone a similar vogue more recently. Where such labels are inaccurately used they may result in inappropriate treatment and unfounded expectations. Moreover, labels once given tend to stick when research and greater understanding have made them inappropriate. 'Mongolism' has not yet been replaced in popular acceptance by the more precise 'Down's syndrome' and 'mental asylum' still conjures up the terrors of the nineteenth century.

For this reason, the labels 'disabled' and 'handicapped' need to be used with understanding and caution and so also should the particular labels given for purposes of medical diagnosis to the various forms of impairment and disability. While a label describes an obvious disability, it can convey the impression that it delineates the whole person, his capacities and his limitations. It may well obscure the complexity of the individual and of his disabilities.

Once a label has been attached, the community's expectations of the disabled individual are derived from the label and are limited to what is implied by the label. The individual's own

self-concept is moulded by the status accorded him and the expectations of him. His development may be further constrained by the special provisions made for his care, education and welfare if these are such as to segregate him from the society and to reduce his experiences, challenges, sense of responsibility and confidence.

THE RIGHTS OF DISABLED PEOPLE

The rights of individuals in a society vary with the philosophy, ideology and organisation of the society; with the emphasis given to the rights and needs of the State as against the rights and needs of individuals. It is this balance of emphasis which distinguishes the authoritarian society from the democratic society. Where most emphasis is placed on what are perceived to be the needs of the State as a whole (or of its rulers), the rights of individuals are curtailed in favour of the welfare of the whole. In these circumstances, disabled persons are particularly vulnerable if they are seen as an encumbrance on the society. There have been societies which judged them so and treated them accordingly.

Even in a society which philosophically recognises all individuals as being of equal worth and holding equal rights, the practice is seldom wholly consistent with the society's concept of itself and its values. The true emphasis given by a society to the rights of individuals is reflected in its system of government, its social attitudes, institutions and processes, its distribution of wealth and its priorities in the allocation of its resources. In particular, the attitudes of the community to the non-conformist, the disadvantaged and the disabled, and the provisions made to ensure their rights and welfare constitute a fair indication of the real emphasis given by the society to the rights of individuals.

In our society, political utterances and public statements leave little doubt that Australia sees itself as a multi-cultural and a democratic society in which all individuals are of equal worth, in which every individual has the right and should be ensured the opportunity to achieve personal development within such constraints as are required by respect for the rights of others. The same social principles are explicit in such major Reports as those of the Commission of Inquiry into Poverty³ and of the Royal Commission on Human Relationships⁴.

3. AUSTRALIA. Commission of Inquiry into Poverty. *Poverty in Australia: First main report*, Canberra, AGPS, 1975 (Chairman, Professor Ronald F. Henderson) (Also other reports of this Inquiry)

4. AUSTRALIA. Royal Commission on Human Relationships. *Final report*, Canberra, AGPS, 1977 (Chairman, Justice Elizabeth Evatt)

Given these social principles, it becomes the responsibility of the society as a whole through its education and welfare provisions and in other ways to ensure that each individual has access to the opportunities and skills needed for personal development and satisfaction. This implies - not conformity or the same provisions and services for all - but differing provisions appropriate to differing needs. The rights which belong to individuals in the society belong equally to the disabled; the needs are greater.

THE NEEDS OF DISABLED PEOPLE

Human beings have different classes of needs. There are those basic needs for sustenance and shelter which they share with other animals. Beyond these are other needs which pertain to their nature as human beings. These require that individuals be assured of opportunities to develop their own capacities and personalities as fully as they wish and are able. Among such opportunities are:

- . the opportunity to develop their own talents and interests to the fullest possible degree;
- . the opportunity to accept challenge and responsibility, to achieve and to gain recognition for the achievement;
- . the opportunity to be independent; to contribute to their own development and to that of the society through their work and leisure;
- . the opportunity to develop those social relationships essential to any individual's sense of identity and self-respect.

All individuals have a right to expect that the society as a whole in one way or another will provide them with these opportunities. Disabled persons have need of these same opportunities and have the same rights to them, even though meeting their needs may be more difficult. Special provisions may be necessary in many cases to help them overcome their disabilities and participate in community life to the maximum extent possible.

The recognition that people with disabilities are first and foremost people has been growing in the last ten or twenty years and has led to a revision of previous approaches to the education and welfare of disabled persons which separated them from their community. Sufficient research is already available to show that in a great many cases separation of the disabled person from community life adds substantially to the original disability by limiting the person's experience and challenges

and his sense of his own capacity. The special need of the disabled person is for integration into the community as far as this is possible and this in turn requires appropriate support for him and for his family, which is his immediate link with the community.

Separation from the community as a method of catering for disabled persons is relatively straight-forward, involving the provision of specialised institutions and services and the allocation of resources to the extent indicated by the society's priorities. Integration is a much more complex approach in that it requires a variety of provisions and effort on the part of a wider range of people. It is, in fact, the practical application of our avowed social principles to ensure that the services and institutions of the society respond to the differing needs of all individuals including those who, because of disability or disadvantage, are less able than most others to pursue their own welfare.

The process of integration or 'normalisation' is proceeding in a great many countries, but few so far have succeeded in really integrating the disabled into normal life. Most countries are at some stage in the process of desegregation with the ultimate aim of full integration, though countries differ in the way they interpret and apply the principles of integration.

Initiatives for change can come from government, from 'experts' and from programs such as the International Year of Disabled Persons; but much of the change in the last two or three decades has come as a direct result of the efforts of parents and other individuals working in groups to gain rights for children and adults with particular disabilities. Examples of such groups or associations are the Kew Cottages Association, St Nicholas Parents' Association and the Royal Victorian Institute of the Blind in Victoria, and the various associations in all States concerned with spina bifida, autistic children, mental retardation and specific learning difficulties. In the final analysis, however, such initiatives depend for their success on what the community as a whole thinks and feels about the issue - whether individuals are prepared to accept persons with disabilities as they accept other members of the community; whether they are prepared in their own behaviour and of their own effort to learn to live with disabled people.

The gains are not all one-sided. Catering adequately for the human and special needs of disabled persons may teach us a great deal about meeting the needs of individuals generally in our society in education, work, leisure and welfare. It may teach us to see people as individuals and to recognise the limitations of the labels our society is so apt to bestow. In revising our notions of disability and handicap, we stand to gain as a community in the quality of our lives and as individuals in our understanding of ourselves and others.

PART II

THE COMMUNITY

A proneness to think of society as some entity other than its individual members ... cannot be too severely condemned.

H.D. Lewis

WHAT IS THE COMMUNITY?

It is only too easy to conceive of the community as an amorphous and external agency to which responsibility for what ought to be done can be transferred. It is the anonymous and omnipresent 'they' defined by Afferbeck Lauder in 'Strine'.

Aorta (pronounced A-orta) is the vessel through which courses the life-blood of Strine public opinion. Aorta is a composite but non-existent Authority which is held responsible for practically everything unpleasant in the Strine way of life; for the punishment of criminals; for the weather; for the Bomb and the Pill; for all public transport; and for all the manifold irritating trivia of everyday living. Aorta comprises the Federal and State legislatures; local government councils; all public services; and even, it is now thought, Parents and Citizens' Associations and the CSIRO.

Aorta is, in fact, the personification of the benevolently paternal welfare State to which all Strines - being fiercely independent and individualistic - appeal for help and comfort in moments of frustration and anguish. The following are typical examples of such appeals. ... Aorta have more buses. An aorta mikem smaller so they don't take up half the road. An aorta put more seats innem so you doan tefter stann all the time. An aorta have more room innem - you can tardly move innem air so crairded. Aorta do something about it.⁵

But of course any community is composed of individuals, and its attitudes and practices are those of the people who compose it. We apply the term 'community' to a wide range of social groupings ranging from the society as a whole through large groups to small ones within the society. The essential element which distinguishes a community from a collection of people is a sense of common interest, purpose or identity, and this applies whether one is speaking of the society as a whole or of groups within it. The communities within the society may be geographically based (States, cities, towns, neighbourhoods) or purpose or interest based such as ethnic or cultural groups, churches, clubs, groups associated with employment, leisure, sport, hobbies or other activities.

Each individual is a member of the society or whole community; he is also a member of a variety of communities within the society. In each community and in the society as a whole, each individual makes a contribution, actively or passively, to purposes, attitudes and practices. By the same token, no one can escape responsibility for the purposes, attitudes and

5. Afferbeck LAUDEK, *Let stalk strine*, Sydney, Ure Smith, 1965, p.11.

practices of the society and of those other communities to which he belongs.

If we accept the rights of individuals affirmed by our society; if we accept that these rights apply equally to disabled persons as to other individuals; if we accept that the society has a responsibility accordingly to cater for the needs of the disabled as for others, then we as individuals, as members of the society and of communities within the society, have to accept this responsibility as our own. It is then no longer a question of 'they ought to' but of 'we ought to'. We begin with our own attitudes and understandings.

COMMUNITY ATTITUDES

We still carry a legacy from the darker days of our culture founded partly on insensitivity, partly on fear, partly on ignorance and misinformation. Yet there is no doubt that over the last two or three decades at least people's attitudes to disabilities in others have changed. Disabled persons are less overtly the subject of ridicule, abuse and insensitive curiosity. Fewer parents regard a disabled child as a social disgrace. Fewer of the general community have or express the kind of fears highlighted in the following 1950s experience in a newly organised class for mentally retarded children:

Two ladies from the church congregation called to see how they were all getting on. They hoped she didn't mind their asking, but was she quite sure that the children wouldn't be passing on their mental retardation to other people by using the toilet seat? Mollie reassured them; with great self-restraint she forbore to add that judging by the boy in jodhpurs they needn't have worried anyway. They eventually departed, still worried lest the future offspring of such a young girl be affected by her association with mentally handicapped children. They were genuinely kind and anxious to help; Mollie groaned inwardly at their lack of knowledge. Evidently it was not only the children but also the general public who needed to be educated.⁶

Changes in attitudes have been gradual and undramatic. They have occurred largely as a result of the unbounded efforts of parents of disabled children and of others who cared sufficiently to tap the deep reservoir of goodwill which exists in our society by making people aware of needs. Yet there is still a long way to go in awareness, sensitivity and knowledge. There are still too many instances of shopkeepers who are reluctant to serve a disabled person lest other customers be deterred;

6. June EPSTEIN, *Image of the King; a parent's story of mentally handicapped children*, Sydney, Ure Smith, 1970, p.63.

of people who fear contamination; of others who believe the disabled should have been 'put out of their misery at birth'; of parents who prefer that their disabled child should not be mentioned.

With the best of intentions and goodwill, many people are still uneasy in their relationships with disabled persons and their families, and the uneasiness intensifies according to the difficulty of inter-personal communication. Thus it is easier for people generally to accept physical disabilities which do not impede normal social intercourse (paraplegia, blindness) than to accept mental retardation or mental illness or distracting physical disabilities which make communication an effort. A simple illustration of the difference can be seen in the contrasting attitudes displayed to the blind and to the deaf. The blind person evokes compassion, an eagerness to help; the deaf person is more often an object of exasperation - of avoidance if not of ridicule. Similarly, we have less difficulty accepting the person with paraplegia than we do the person with a spastic condition.

Another constraint in our relationships with handicapped persons or their families arises from a combination of sensitivity and ignorance. We don't know what to say, how to act; we are embarrassed; we are afraid of making mistakes, of hurting feelings - so we avoid the contacts and the subject. June Epstein, writing from her own experience, illustrates this:

There are people who have never mentioned Carey's name to me from the day he went into the Cottages, the same people who regularly inquired after each member of the family - and still do, except now for Carey. There are times when a stranger asks casually about one's children and, on hearing that one is mentally retarded, moves away as soon as possible, after an embarrassed silence.⁷

The key to changing social attitudes remains with us as individuals: whether we are prepared to identify our own embarrassments and constraints; to increase our awareness of the needs and rights of disabled persons; to learn about their potential as well as their limitations; to help in personal ways as individuals and to exert our influence towards the development of a more caring and just society.

The International Year of Disabled Persons is an opportunity and a stimulus to extend our knowledge and understanding of disabilities. The programs associated with this Year, as with the International Year of the Child in 1979, will generate publicity to make us think, materials through which we can learn and activities in which we can become involved. But the long-term attitudes of our society will depend on the extent

7. *ibid.*, p.114.

to which awareness and concern become an in-built part of our daily lives - on the extent to which we explore and develop our responsibility in our various community roles.

SHAPING THE SOCIAL PRACTICE

In any society there is generally a gap between the rhetoric of social values and the practices which are supported or tolerated. Reports such as those of the Commission of Inquiry into Poverty and of the Royal Commission on Human Relationships (mentioned previously) have indicated how far removed from our principles is the current practice in Australia. The force which can most effectively narrow the gap between principle and practice is the force of public opinion acting on the decisions made by governments and other institutions. This can be seen if we look back at the social changes which have taken place over the last hundred years or so.

We no longer, in our own society at least, tolerate bear-baiting or public hangings or slavery. We have become more conscious of the value of human life. We are prepared to accept that no one should go cold or hungry, or untended in time of sickness. These are all, as historical perspectives go, fairly recent changes in social attitudes, and these kinds of changes are continuing. In our own times we are seeing marked changes in general social attitudes to the rights of Aborigines, to women's role and place in the society, to environmental issues, to disabled persons and their rights. Changing the practice of the society follows more slowly since it involves influencing decision-making by governments and other agencies - but it does follow. The pressure of public opinion is a reality. It is slow to form and slow to change, but in our kind of society it is the decisive factor in the long run.

Decision-making by government reflects the real priorities of the society and will change as priorities change. Priorities in their turn reflect public opinion. As individuals within the society we can accept the power and the responsibility to influence social priorities in accordance with what we see as desirable directions for our society. We can do this through the formal democratic processes available to us, through our participation in the various communities to which we belong and through the media.

The media have developed an influential and increasingly decisive role not only in the expression of public opinion but also in its formulation. All kinds of opinion, public policies and decision-making are subject to the influence of the media and with technological development in wider communications, with the growing expertise in advertising and other persuasive skills, the influence of the media is likely to become a quite decisive influence and instrument in the shaping of the future

society. The important issues in the society are, by definition, those reported by the media. The selection of such issues reflects a variety of motivations including the policies and interests of the owners and editors and the need to 'sell' through reporting of controversial or 'public interest' issues. The media has a considerable responsibility in community education on disabilities and some newspapers, for example, have taken this responsibility seriously. Others have not. Others again have tried to romanticise disability. By selecting and featuring the attractive examples - the ones the community can easily accept and relate to - they reinforce prejudice against those kinds of disability which are not beautiful and not appealing, and they aggravate the handicaps of those who bear such disabilities.

The media have so important an influence in the shaping of community attitudes that those who are concerned for disabled persons must find ways of using the various media effectively to express and generate concern. Publications such as Iola Mathews' *Media Handbook*⁸ are a useful source of 'know-how' on doing this.

TOWARDS CHANGING THE PRACTICE

A number of steps are open to us if we wish to promote changes in social practice. A first step is to increase our own knowledge and understanding of the needs and difficulties of disabled people. Books such as those by June Epstein are valuable because they speak from the inside with knowledge and sensitivity. They can help us acquire confidence in talking with disabled persons and the parents of disabled children and can indicate social obstacles.

Secondly, we need to determine honestly for ourselves the priority we wish our society to give to meeting the needs of the disabled. Our rating will be reflected eventually in government allocation of resources for the disabled.

Thirdly, we can examine our social practice, identify changes which need to be made and the tools to bring them about. The questions raised by any examination of our social practice inevitably focus on:

- . the prevention of disabilities
- . the cure or alleviation of disabilities
- . the protection of disabled people from discrimination
- . adequate and appropriate education
- . welfare and support services.

8. Iola MATHEWS, *Media handbook*, Melbourne, Australian Frontier Inc., 1978.

Each of these issues covers a wide spectrum, and only some aspects can be mentioned here; some will be considered in detail in other papers included in this volume.

The prevention of disability is one of the most far-reaching in its effects on social practice. It includes resources for medical research; the dissemination of information about causes and contributing factors; measures to reduce road and other accidents; the requirement that drugs, chemical sprays and other products of our society should be adequately tested for their effects on human beings before being released for public use. The lessons of thalidomide have still not been fully learned.

The cure or alleviation of disability also involves medical research and practice, but it goes far beyond this into engineering, physics, computer and other technology which can be applied to overcome or circumvent physical disabilities and help the mentally retarded to develop their capacities more easily and quickly. It includes also a ruthless examination of design practices in buildings, footpaths, public utilities, transport and other facets of our material environment which may, for lack of thought, prevent access to places such as hospitals, theatres, post-offices, toilets, telephone boxes, schools.

Discrimination against disabled persons will in the long run be overcome only by deep changes in community attitudes, but other measures can help: legislation which establishes principles of integration and prohibits discrimination; incentives to employers to accept disabled people into their employment; community education to generate awareness and understanding; the education of doctors to ensure that they develop greater insight into the feelings and needs of disabled children and parents than is now often displayed.

Support services need to be of a kind and variety to meet the differing needs and degrees of disability. They would include adequate financial support for those who need it; appropriate institutions for those who cannot manage without institutional care and an adequate range of community services for those who can: holiday hostels, baby-sitting and home-help services.

Adequate and appropriate education is, of course, a necessity for disabled persons as for anyone else. If all those disabled children who can benefit by integration are to be catered for in ordinary schools, this has considerable implications for the structures of schooling and the approaches to teaching and learning. If educational integration comes to be taken seriously so that children are regarded and catered for as individual human beings, it will not only be the disabled who benefit by the change.

IN THE WORKPLACE

The successful transition of the child to adulthood has been characterised, at least until recently, by the ability to lead an independent life, and this in turn has rested on the capacity to earn a living. In Australia, as in other Westernised society, 'work' in the sense of paid employment which is materially productive or serving the materially productive has become central to the way of life - important to the society for its development and progress and to the individual for his self-respect and satisfaction. The job a person holds contributes substantially to his sense of his own identity and to the view that others have of him; it structures his time and often as well provides a purpose and focus to his life.

High levels of youth and general unemployment have begun to undermine long established patterns of transition and work and are forcing re-assessment of concepts of work, occupations and leisure, but unemployment still remains a personal tragedy for most people. The boredom, the frustration and the resentment currently being experienced by so many unemployed young people are an indication of the difficulties which face many disabled persons as a matter of course in a society which provides few opportunities and little support for them to achieve independence.

Most of us still spend a considerable part of our time in the work-place - as employers or employees or co-workers; we belong to work associated organisations such as unions, employer federations, professional associations. Whatever our various roles and responsibilities in the work-place, there is scope for awareness of the occupational rights and needs of disabled people and for doing what we can to see that their rights are applied and their needs met.

There is considerable evidence to show that, while fully sheltered workshops are necessary for some kinds and degrees of disability, mildly disabled or retarded persons can perform satisfactorily in work of various kinds and at all levels provided they work among people who accept them as individuals in their own right and provided they have appropriate conditions and support.

Many employers, however, are reluctant to employ disabled people. They regard them as a potential obstruction to the pace of their business; as creating social problems and inconvenience; as being a charity for which they are not equipped or responsible. When disabled persons are employed, it tends to be at the lowest and least skilled levels, whatever their capacities might be. There is obvious need for a case by case reappraisal of what jobs can be done by disabled persons, and there could be some quite surprising results particularly in areas where technological innovation is changing the nature

of jobs.⁹ Employer organisations and unions could do a great deal to encourage awareness and reappraisal and any individual in his workplace has a contribution to make towards this.

In the preparation of disabled people for work there is a considerable role for schools, other education institutions and employers. A process of integration throughout their schooling is itself a contribution to helping the disabled child to live and work in the community as independently as he is able. Work experience, link courses, appropriate arrangements by tertiary institutions, post-school training courses, all have a place in a program of work preparation. Notable among projects designed to aid the development by mildly handicapped young people of living and work skills are the Work Preparation Centres at Granville (New South Wales) and South Yarra (Victoria) which are operated as part of the Commonwealth Rehabilitation Service.

Other kinds of support are necessary also: special placement services which can match the disabled person with appropriate employment; subsidisation of beginning employment or wage supplementation until such time as performance of the job indicates such incentives are no longer necessary; adaptation of jobs where necessary and possible; information and guidance to co-workers so that they may understand the limitations or other effects of the disability; appropriate assistance with accommodation and transport.

It would be unrealistic to ignore the effect that current rates of youth unemployment are already having on the employment prospects of disabled young people. Where 18 per cent of young people cannot get jobs, the disabled youth is indeed at a disadvantage. However the social problems of changing technology and patterns of work may be resolved, it seems likely that one of the results will be the need for all individuals to take greater personal responsibility for the use and structuring of their time; to develop their personal resources and to use their leisure productively. After all, much of the progress and development in our civilisation and much of the 'quality' of living have depended on the productive use of leisure in one way or another. In our society for the foreseeable future there will be no shortage of work to be done, but much of it will be work of a kind which has hitherto been regarded as non-productive in the material sense and therefore non-essential. In these activities also, disabled persons can and should be given opportunities to participate.

9. TELECOM AUSTRALIA. *Program of activities (related to the International Year of Disabled Persons 1981); Report of a Working Party, Melbourne, Telecom, 1981* (Convenor: Ms K. Hancock)

FRIENDS, NEIGHBOURS AND PASSERS-BY

The disabled child like any other child needs to be part of a family life. To deprive him of this, except in special circumstances, is to add to his difficulties, especially in his early years. Yet to accept and cater for a disabled child within the family adds a new dimension to the ordinary stresses of family life. It is an experience which can distort family relationships; adversely affect the development of other children in the family; and impose intolerable and continuous burdens on the parents. The difficulties and strains are inordinately increased where the family involved is one of the increasing number of single-parent families in our society. It is remarkable therefore that so many families do manage to cope with the stresses and difficulties and to gain immeasurably in personal stature and satisfaction in the process. In other cases the result is a breakdown of the family, or of one or other of the parents, or alternatively rejection and sometimes abuse of the disabled child.

There is clear need for us as individuals and for our society to recognise the very great difficulties faced by the parents and families of disabled children, and to identify and provide the support which should be available to them. This support falls into two categories: that which is provided by the society through its welfare and other organisations; and that which is due to the personal effort and concern of friends, neighbours and those who come into casual and passing contact.

Obvious among the kinds of assistance which should be made available to the family by the society are adequate counselling, guidance and information to help them adjust to the situation and to provide adequately for their child. Also necessary are medical services; financial support (where needed); institutions which will provide holiday or day care for the child; baby-sitting and home help services which will allow the parents time away from the home and opportunity to be themselves rather than constantly the parents of a disabled child. Finally, they need the assurance that, where necessary, their disabled son or daughter will be adequately cared for and assisted when they themselves are no longer capable of this; this is a burden which most parents would not wish to see devolve on their other children, for lack of adequate social provision. It is a responsibility to be carried by all of us.

In a personal capacity we can, as friends and neighbours, relieve some of a family's stresses and anxieties in practical ways: by baby-sitting occasionally, or caring for the disabled child or for other children in the family so as to allow the parents some leisure; by helping with shopping or transport; perhaps more than anything else by being prepared to talk and listen.

For the disabled person living independently, there are similar ways of helping: by acting as a 'best friend' who can be relied on for advice and help in various everyday situations (filling in forms, finding out information) or in personal problems arising perhaps from emotional attachments and relationships; by offering companionship; by involving the disabled person in social activities.

As integration of disabled persons into the community proceeds, more people are likely to come into at least casual contact with them: on buses, trains, trams; in shops and streets, in places of amusement and sport. If we have taken the trouble to understand, we will automatically extend to them the courtesy, consideration and assistance which are due to any of our fellow human beings, but particularly to those who have special needs.

The number of ways in which we can personally help the disabled person to live with his disability is limited only by awareness, imagination and the extent to which we are willing to interrupt the pace of our own busy lives. The concern we show for those whose disabilities make it more difficult for them to live as independent and contributing members of our society will be reflected in our own development as human beings.

No man is an Iland, intire of itselfe;
every man is a piece of the Continent,
a part of the maine; ... any man's
death diminishes me, because I am
involved in Mankinde.¹⁰

10. John DONNE, 'Devotions XVII', in John Hayward (ed.), *Complete poetry and selected prose*, London, Nonesuch, 1955, p.538.

BIBLIOGRAPHY

AUSTRALIA. Commission of Inquiry into Poverty. *Poverty in Australia; First main report*, Canberra, AGPS, 1975 (Chairman, Professor Ronald F. Henderson) (Also other reports of this Inquiry)

AUSTRALIA. Royal Commission on Human Relationships. *Final report*, Canberra, AGPS, 1977 (Chairman, Justice Elizabeth Evatt)

AUSTRALIA. Schools Commission. *The education and training of handicapped adolescents and their transition to adult society; Policies and practices in Australia*, Canberra, Schools Commission, March 1980.

AUSTRALIAN COUNCIL FOR REHABILITATION OF DISABLED. National Committee on Education of the Handicapped. *A charter for the education of children and adults with handicapping disabilities*, Surry Hills, NSW. ACROD, 1978.

AUSTRALIAN COUNCIL OF STATE SCHOOL ORGANISATIONS, *Policy 1980/81*, Canberra, ACSSO, 1980.

BALTHAZAR, Earl E. and STEVENS, Harvey A., *The emotionally disturbed mentally retarded; a historical and contemporary perspective*, NJ, Prentice-Hall, 1975.

EPSTEIN, June, *Boy on sticks*, Melbourne, National Press, 1979 (for Spina Bifida Association, Victoria)

EPSTEIN, June, *Image of the King; a parent's story of mentally handicapped children*, Sydney, Ure Smith, 1970.

EPSTEIN, June, *Mermaid on wheels; the story of Margaret Lester*, Sydney, Ure Smith, 1967.

EPSTEIN, June, *No music by request*, Sydney, Collins, 1980.

(The) GRANVILLE Work Preparation Research and Development Project, Sydney, Macquarie University, 1979.

MATHEWS, Iola, *Media handbook*, Melbourne, Australian Frontier Inc., 1978.

MERCER, Jane R, *Labeling the mentally retarded; Clinical and social system perspectives on mental retardation*, Berkeley, US, University of California Press, 1973.

ORGANISATION FOR ECONOMIC CO-OPERATION AND DEVELOPMENT. Centre for Educational Research and Innovation. *The education of the handicapped adolescent; Report on the results of the first phase*, CERI/CD(79)13. Paris, OECD/CERI, 11 October 1979.

A SURVEY of special education in Australia; provisions, needs and priorities in the education of children with handicaps and learning difficulties, by Robert J. Andrews, John Elkins, Paul B. Berry and John H. Burge, Queensland, University of Queensland, Department of Education, Fred and Eleanor Schonell Educational Research Centre, 1979.

TELECOM AUSTRALIA. *Program of activities (related to the International Year of Disabled Persons 1981). Report of a Working Party*, Melbourne, Telecom, 1981 (Convenor: Ms K. Hancock)

WARD, James, PARMENTER, Trevor R and RICHES, Vivienne, *A model for the planning and organization of work preparation facilities for the mildly intellectually handicapped*, Sydney, School of Education, Macquarie University, 1977.

YOUNGHUSBAND, Eileen Louise, BIRCHALL, Dorothy, DAVIE, Ronal and KELLMER PRINGLE, M.L. (ed.), *Living with handicapped*, London, National Children's Bureau, 1970.

THE ROLE OF GOVERNMENT IN THE LIFE OF THE
DISABLED CHILD

Prepared for the Commonwealth Schools Commission
by the
New South Wales Anti-Discrimination Board

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Disabled persons have the right to live with their families or with foster parents and to participate in all social, creative or recreational activities ... If the stay of a disabled person in a specialised establishment is indispensable, the environment and living conditions therein shall be as close as possible to those of the normal life of a person of his or her own age.

Clause 9
The United Nations Declaration on the Rights of
Disabled Persons.

INTRODUCTION

This discussion paper looks at the role of government in assisting disabled children to live in adult society. Some of the key questions explored are:

Does government have a role?

What is that role?

How should the role (or roles) be performed by the Federal, State and Local levels of government?

What should be the interaction between these tiers of government and with the voluntary sector?

However, before looking at these broad questions there is a more important and basic question to ask and answer - we must decide what kind of a place in adult society we (as a society) want people with disabilities to occupy. Should disabled people be segregated in institutional enclaves - like frozen children, as a submission to the Anti-Discrimination Board described the situation of many people with intellectual disabilities? Or should government policy promote the fullest possible development of children with disabilities, with the aim to encourage independence and the maximum involvement of the disabled in the larger adult community outside institutional walls? In short, breaking down the barriers to a fuller, more enjoyable childhood and a more active and integrated participation in society.

The basic assumption underlying this paper is that normalisation should be the philosophical basis and guiding principle for services to handicapped people, both children and adults. The following aims are proposed:

- . the maximisation of the capacities of children with disabilities;
- . normalisation and integration, *provided that* strategies directed towards these ends do not conflict with maximising capacities of the individual child;
- . establishment of the rights of people with disabilities.

Normalisation means providing conditions and routines of daily living that are as close as possible to those of the mainstream of society.

HOW MANY HANDICAPPED CHILDREN ARE THERE?

Dr John Dykes found 10,077 children with severe physical or mental handicaps in New South Wales and the Australian Capital Territory in 1976.¹ This was a prevalence rate of 7.1 children per 1,000 under sixteen years of age; five of those 7 per 1,000 had a diagnosis of mental retardation and one-fifth were in full-time residential care. Projecting to the whole of Australia gives a figure of approximately 28,000. But this is a low estimate based on the number of children in residential care or receiving the Handicapped Child's Allowance. Counting children with less severe disabilities and including developmental disability in learning builds the prevalence up to a figure in the vicinity of 10 per cent or more, giving at least 400,000 disabled and handicapped children. To illustrate the significance of this figure it is interesting to note that it is equivalent to the total population of the State of Tasmania.

WHAT IS THE ROLE OF GOVERNMENT?

It is self-evident that government does have a role, in fact several roles given the three levels of government and the diverse functions that government may perform at each level. The following simple table (see next page) gives an indication of the shared nature of most of those government services.

The Commonwealth Government input of funds to assist disabled children and their families has increased during the last decade; the State Governments are heavily committed to service provision and regulation; the role of the Local Government sector presently varies considerably both among and within States but public pressure is mounting for increased involvement. In the Anti-Discrimination Board's view government action should flow from a proper appreciation of the special needs of families with a disabled child because a prime objective is to keep the child with the parents or with foster parents.

Those special needs include financial support; counselling; information and guidance to services; and a range of special services for habilitation, respite care and special education. Financial support is predominantly a Commonwealth concern whereas the delivery of personal services falls mainly in the State or local government domain (together with the non-government sector).

1. J. DYKES, *Ten thousand severely handicapped children in New South Wales and the Australian Capital Territory*, Canberra, ACPs, 1978.

TABLE
THE FUNCTIONS OF GOVERNMENT

Level of Government	Area	Function		
		Funding	Service Delivery	Regulation
Federal	Health	+	+	
	Education	+		
	Welfare	+		
State	Health		+	+
	Education		+	
	Welfare	+	+	
	Housing		+	+
Local	Welfare			
	Housing		+	+

Some critical observations on the present involvement of governments at the three levels are made in this paper together with (hopefully) some positive initiatives emerging from the discussion.

COMMITMENT TO GOALS, ACCOUNTABILITY AND PARTICIPATION

This heading sums up many 'necessaries' which are required to keep programs and services 'on target' bearing in mind the goals of the services, the need to keep up with changing circumstances and the forces and pressures which often deflect programs from attaining their stated goals including independent living wherever possible. Commitment to achieving these goals at all levels of government and administration (right down to the actual service providers) is a most important prerequisite. It also is arguably the hardest to plan or to build into administrative structures.

Professor Wilenski has drawn attention to the problem of priority-setting and direction of policy at the upper levels of the Public Service of New South Wales:

...it is in this area of policy development and analysis and priority-setting that the structures of the administration supporting Ministers in New South Wales are often weakest.²

The emphasis is upon technical competence and getting the job done, not upon reflective analysis of what the job actually should be. Closely associated with the problem of direction is that of the budgetary procedures used at present. Departmental budgets tend to be based on historical categories of expenditure and do not generally allow accurate estimates of expenditure on defined client groups or on usefully defined types of services. Consequently policy options are often examined using inadequate data on the current orientation of services. In these circumstances policy is sometimes made 'in the dark'.

At the level of service providers, two overseas authorities who visited numerous organisations and facilities in Australia made comments very similar to those of Wilenski.

Only rarely did any coherent philosophy of aims emerge in answer to questions put as we visited facilities. While we must make what we are doing even better was a commendable and common reaction, there was seldom any explicit aim or purpose expressed either in general or for the life style of a particular retarded person.³

The principle of accountability requires that the best use should be made of the resources available. This calls for research and planning to allocate resources fairly in relation to needs both geographically defined and among various disability groups. Services must therefore have built-in systems for monitoring and evaluation to ensure that they are cost-effective and, equally as important, serving the overall goals of policy.

Accountability also necessitates that standards of service should be clearly defined and if these standards are not met, the public is entitled to know. For example a government department should not be able to conceal deficiencies in its services by withholding research findings. By the same token organisations in the non-government sector should not be funded unless the services they provide conform to acceptable standards and the organisations are run on democratic principles.

2. NEW SOUTH WALES. Review of N.S.W. Government Administration. *Directions for change; An interim report by Peter Wilenski, Commissioner, Review of N.S.W. Government Administration*, Sydney, Government Printer, 1977.

3. A. CLARKE, and A. CLARKE, 'Report on Australian visit,' *Rehabilitation in Australia*, January 1975, pp. 36-38.

In this latter respect it is apparent that some long-established voluntary organisations throughout the country aim to provide residential care and associated schools and workshops for cradle to grave protection of handicapped people. Some of these institutions appeared to be very worthy innovations when they began many years ago, but their basic philosophy of care and protection may have failed to keep pace with advances in technical knowledge of remedial and educational methods or with changing views on the rights of disabled people to live independently.

Participation is another important aim in the planning and delivery of services. This concept requires that parents of disabled children or their advocates should have access to all information on the child, discuss their child's needs with service providers and participate in decisions affecting the child. This should occur whether that service is provided by a government or by a voluntary organisation. A model of participation by parents is the consultation required to plan an individual education program for children under the United States *Education for All Handicapped Children Act of 1975*. Governments can and should insist that a proper degree of parental representation occurs on the management of subsidised organisations.

The activities designed to promote policy-review, accountability, evaluation, participation and the like may be envisaged as the *weft* of public policy where the specific goals of the service are the *warp*.

The challenge is to weave these strands into a fabric of public policy which is sufficiently robust to maintain thrust and direction in the face of many difficulties and disruptive influences, yet sufficiently flexible to adapt to local needs and to advancing knowledge and objectives.

THE COMMONWEALTH LEVEL

FUNDING AND PHILOSOPHY

The Commonwealth Government provides funds to individuals and to approved organisations. If parents keep a handicapped child at home they may receive the Handicapped Child's Allowance of \$74.00 per month, but only if the handicap is sufficiently severe to meet the strict criteria laid down by the Act as interpreted by the Director General of Social Security. The allowance has been increased to \$74.00 per month from the original level of \$10.00 per week paid in 1974 when it was introduced. The increase is about 70 per cent but during the intervening period the Consumer Price Index (CPI) has increased by at least 100 per cent and by a larger amount for health and personal services.⁴ It may also be noted that before the scheme started a submission to the Commonwealth Government Commission of Inquiry into Poverty from the Victorian Mental Health Authority suggested that the minimum allowance in the absence of other services should be at least \$85.00 per month.⁵ This figure would by now have inflated to be equivalent to more than \$170.00 per month allowing for the increase in the CPI since the submission was prepared in 1973.

In 1981 it is instructive to reflect upon the full impact and significance of the above figures. They reveal that the Handicapped Child's Allowance increased by 70 per cent in seven years while the cost of living more than doubled and the costs of health and medical care increased even more than many other areas of expenditure. Perhaps services in other areas have to some extent been expanded to compensate for the reduced level of financial relief? However, expansion has not occurred in the Community Health Program (jointly funded with the States) as will be shown below. Commonwealth funding for handicapped children has therefore been severely cut back in real terms.

Another feature of the Handicapped Child's Allowance is worthy of consideration. If the degree of handicap is deemed to be marginally less than that required to meet the stringent criteria for severe handicap the allowance is means tested, resulting in considerably reduced payment for all but the very poorest of families. This means that any effective rehabilitation of the child, even to a marginal degree, could result in a loss of

4. *Year Book Australia* No. 164, 1980, Canberra, Australian Bureau of Statistics, 1980.

5. AUSTRALIA. Commission of Inquiry into Poverty. *Social/medical aspects of poverty in Australia; Third main report*, Canberra, AGPS, 1976.

the allowance, or a reduced payment. This unsatisfactory situation obviously requires urgent reassessment.

It is significant to compare the allowance with the Handicapped Children's Benefit paid to approved organisations providing accommodation for children. The benefit is \$5.00 per day, amounting to \$150.00 per month which is twice the amount of the Allowance. Thus the Commonwealth Government is prepared to pay twice as much towards institutional accommodation for a handicapped child than it pays to a family with such a child residing at home. And this is despite the growing awareness of the benefit of family life, provided of course that necessary supporting services are made available.

Commonwealth funding of organisations tends to favour services delivered on campus in various kinds of institutions. The Bright Committee report stated :

It is perhaps the *Commonwealth Handicapped Persons Assistance Act* that stands most formidably in the way of a move towards funding that encourages normalisation. Under that Act, only organisations that provide services on their premises are eligible for funds.⁶

These comments emphasise the widespread need for review and re-direction of expenditure. Such a review is likely to lead to changes in the orientation and objectives of many organisations receiving the funds.

Clearly governments have a duty and responsibility to look at the outcome and function of funded services. Hence a need for *priority review and evaluation*. This must include due attention to *equity* in distribution, both geographical distribution and the allocation to various types of disabilities. These objectives highlight the need for coherent policies at a high level spelling out directions that service providers must pursue. An adequate data base is also required to assist policy review and evaluation of services on a continuing basis.

The Handicapped Person Assistance Act should be amended to provide greater assistance to services delivered at home, to self-help groups and to services which will assist handicapped children to prepare to live independently wherever that is possible. The desired changes would redirect funds from institutions and organisations to individuals and services dispersed throughout the community.

6. SOUTH AUSTRALIA. Committee on Rights of Persons with Handicaps. *The law and persons with handicaps; Vol.1, Physical handicap*, Adelaide, Government Printer, 1978.

THE STATE LEVEL

Looking at the State level we examine gaps in some essential services and the problem of co-ordination of services. Both problems should be approached with the major goal clearly in mind, that of promoting the development of independence of disabled children in a family setting.

RIGHTS

Disabled people and their advocates are becoming more concerned with the rights and civil liberties of people with disabilities. State Governments are being lobbied to pass legislation to assert the rights of the disabled in employment, accommodation, education and the provision of goods and services. New South Wales has amended the *Anti-Discrimination Act*, 1977 to include physical impairment as a ground of discrimination. South Australia introduced a Handicapped Persons Equal Opportunity Bill to provide similar rights to handicapped people which will be debated later in the year. Victoria is understood to be considering such legislation and the other States may well follow suit in time.

The Commonwealth *Human Rights Commission Act* 1981 now incorporates within its framework the United Nations Declaration on the Rights of the Child, the Declaration on the Rights of Mentally Retarded Persons and the Declaration on the Rights of Disabled Persons along with the International Covenant on Civil and Political Rights.

The need for this legislative intervention arises from widespread prejudice in the community and from a need to promote greater opportunities and rights for disabled people.

THE PROVISION OF INFORMATION AND ADVICE

Parents' first need is for information and counselling closely followed by guidance to available and appropriate services. Presently these needs are not sufficiently met, resulting in a great deal of unnecessary parental distress and confusion. Evidence received by the Anti-Discrimination Board ranges from dispassionate accounts of research studies to submissions from parents who were stretched to the limit of emotional and physical resources in the search for help and support.

EDUCATION

Appropriate education programs are arguably the most important need of disabled children, certainly for the great majority who do not require continuous medical and nursing care. Special programs should begin at an early age because appropriate pre-school services and educational intervention at the time that any degree of disability is first recognised can greatly increase the child's later prospects of independent living and employment.

Historically, governments have been more willing to provide education to some groups of disabled than to other groups. There is little doubt that the intellectually handicapped have been the most neglected group. Initially State government provision was made only for the mildly disabled and until recent years it was left to the voluntary organisations to provide education for children with more substantial degrees of handicap. Children with multiple disabilities are especially disadvantaged. For example, a child with deafness and intellectual disability, or emotional disorder and mild intellectual disability, can have great difficulty in obtaining an appropriate placement because most classes are designed for children with a single disability.

The New South Wales Department of Education is taking increased responsibility for children with moderate and severe degrees of intellectual disability but more needs to be done to improve the extent and quality of provisions. It appears that many children in State hospitals are not yet provided with appropriate education. Many children with mild handicap are at present in regular schools without special assistance and the Department estimates that only half the children with learning difficulties have access to appropriate remedial teachers.⁷

The development of special education services no doubt differs among States but the *Report of the Victorian Committee on Mental Retardation* listed numerous 'most urgent priorities of need', including:

- . flexible provisions for staff recruitment;
- . finance to employ teacher aides;
- . programs for children in institutions;
- . pre-school services and early intervention;
- . training of more special education teachers and modification of all initial teacher training programs;
- . adequate provision for continuing education.⁸

7. NEW SOUTH WALES. Department of Education. *Evaluation of the remedial teacher program*, Sydney, 1980.

8. VICTORIA. Committee on Mental Retardation. *Report of the Victorian Committee on Mental Retardation*, Victorian Government Printer, 1977.

Continuing education is an area of urgent need in New South Wales because there is no systematic provision made by any government department. The Department of Technical and Further Education runs a number of courses on request in their outreach and community service programs, but the main efforts have been voluntary organisations running activity therapy centres and sheltered workshops. However, these are disadvantaged relative to other providers of post-secondary education which are funded almost entirely by government. Activity therapy centres and sheltered workshops receive only 40 per cent and 22 per cent respectively of their total income from government grants.^{9 10}

Associated with this paucity of funding is a lack of trained staff in activity therapy centres and sheltered workshops, and subsequent inadequacy of training programs for their trainees. Frequently their training component is bypassed in favour of production-line work to ensure the survival of the facility.

HEALTH

The role of health services in relation to handicap is to prevent it wherever possible; to provide diagnosis, assessment and appropriate referral at the earliest possible opportunity; and to provide treatment to ameliorate the condition. The 'treatment' required is most likely to be paramedical services such as physiotherapy, or family support services from a community health team because only a very small minority of disabled children need continuous medical or nursing care.

Essential services are inadequate and may not exist in some geographical areas. For example, of the 200 or so projects in the Community Health Program in New South Wales only five or six are specifically designated mental retardation services. Personnel in other community health teams may provide community health services to handicapped children but a recent count yielded only twenty-two community health personnel serving the intellectually handicapped of all ages in the Western Metropolitan Health Region of Sydney. This region contains 1,250,000 people and in the order of 10 per cent of Australian children. Community health services cannot be adequately developed at the present time because both State and Commonwealth Governments have the policy of 'no growth'. As a result the seriously disadvantaged, and people receiving the least help, are likely to remain so.

9. AUSTRALIA. Department of Social Security. Rehabilitation Policy & Services Division. Development & Special Projects Section, *Survey of activity therapy centres*, Canberra, 1977.

10. ---- ---- ----, *Survey of sheltered workshops*, Canberra, 1977.

Many disabled children urgently need physiotherapy to prevent irreversible physical damage, causing progressive loss of mobility and increased risk of illness. However, it is apparent that physiotherapy and related therapy services in special schools and in long-term children's hospitals are inadequate. If sufficient numbers of qualified therapists are not available at the present time it would appear that training courses for therapists need to be developed to ensure a supply of properly trained personnel in the future.

ACCOMMODATION

Respite care facilities in home-like environments urgently need to be established in many areas throughout the country. The need for this kind of care arises because parents, in particular mothers, are subject to a great deal of stress in looking after a disabled child. This may cause the marriage to break up or may force the parents to seek long-term institutional placement for the child. The availability at short notice of respite care is invaluable to parents, even if it is only occasionally used for a weekend or a holiday.

The *Report of the Victorian Committee on Mental Retardation* describes the various types of residential facilities that are required to provide a range of living conditions to accommodate people with different needs and preferences.¹¹ If a suitable range of options exists then people can find the kind of accommodation that is best suited to their individual desire and capacity for independent living.

A family-like group home can be a suitable alternative to the family home and in some family circumstances it may be the best alternative. This type of residence is required for some children and for many young adults. The need for group homes for adults is mentioned here because the theme of the volume is 'preparing children for adult society' and if all that society can offer the handicapped young adult is the choice of continued residence with the family or admission to an institution then much preparation for independent living during childhood will be wasted.

Widespread development of group homes requires a change in the zoning controls in many local government areas to permit ordinary houses or residential flats to be occupied by small groups of handicapped people, either with or without live-in helpers. The New South Wales Department of Environment and Planning is developing a policy to obviate some of the planning difficulties that have frustrated many past attempts to establish group homes. Further developments would also require

11. *op. cit.*

financial support, and perhaps some diversion of funds and staff from the State hospital systems. State housing authorities could also provide more ordinary housing, with appropriate modifications, to ensure accessibility for people with physical disabilities.

CO-ORDINATION OF SERVICES

The co-ordination required at State level involves several government departments, a multitude of voluntary organisations and the regional agencies of the Commonwealth Government. The respective roles of State health, education and welfare agencies in New South Wales have been considered since 1964 by the Interdepartmental Standing Committee on the Intellectually Handicapped and the Consultative Council on the Intellectually Handicapped. In 1972 the names and the tasks of these bodies changed to cover handicaps in general. The Interdepartmental Standing Committee consists of representatives of Health, Education, Youth and Community Services and Treasury and its functions include advising the State Government on developing services, and their co-ordination and integration. The Council has similar functions, including as well the development of community education programs. Its membership of fourteen is broader than that of the Committee, with voluntary organisations represented.

In 1977 the Minister for Youth and Community Services established the New South Wales Advisory Council on the Handicapped and this has to some extent replaced the Consultative Council. The new Council reports to that Minister and consequently does not serve the same interdepartmental function that the old Council should have performed.

The limited resources available to the Standing Committee, to the old Council and to the Regional Committees made continuation of their activities difficult. The Regional Committees are, it seems, for all practical purposes defunct and it is understood that the Standing Committee has not met for more than two years. The apparent failure of the Council and the Committee to exert any significant impact on the planning and delivery of services to people with handicaps is a disappointing commentary on the level of commitment of Governments since 1964 to the development and rationalisation of services to the handicapped. It also emphasises the difficulty of developing a co-ordinated approach among Departments within the same government administration.

A clear government commitment is required but co-operation between departments is difficult when much disagreement exists, sometimes even within departments regarding the types of services required and the type of administrative structure needed to deliver them. These difficulties must be resolved and a definite policy formulated.

Various strategies have been suggested to improve the situation. A major Victorian report called for an Office of Mental Retardation to be created as an independent statutory body, drawing upon the existing services and expertise of several public agencies and the non-government sector.¹² The report also recommended that there should be an Advisory Council to the responsible Minister, with the Director of the Office and representatives from other appropriate departments among the Council membership. The report noted that the suggested structure could serve the whole spectrum of mental and physical handicap as an Office of Developmental Disabilities. It must be added that the recommendation of the Office did not find favour with the Government on the ground that the proposed functions of the Office could be performed within existing administrative structures.

A recent Tasmanian report proposed that a Handicapped Persons Advice Bureau be established by the State Government in each of the three regions of the State. The people filling these roles should also co-ordinate the various agencies and departments in the region. The report emphasised that co-ordination will only work if commitment comes from the Ministerial level and from the top echelon of the departments working in the area. 'The Board would hope that this (co-ordination) would directly involve the Heads of the Departments or their deputies.'¹³

Coming to the non-government sector, co-ordination among the voluntary organisations can hardly be said to exist. Generally they compete for the limited supply of funds which governments provide. Because of the large number of these organisations, probably some hundreds in New South Wales alone, problems of co-ordination are formidable, particularly for groups catering for people with a wide range of disabilities, as with intellectual handicap.

12. *op. cit.*

13. TASMANIA. Board of Inquiry into the Needs of the Handicapped. *Report*, Tasmania, Government Printer, March 1980.

LOCAL GOVERNMENT

The third tier of government is local or municipal government. The role of this level of government in helping children and people with disabilities is as yet not clearly defined. This state of affairs is unsatisfactory because there are advantages in placing greater emphasis upon decentralising responsibilities to the locality of the people receiving the services. Furthermore, problems such as access for the physically disabled are to a great extent in the hands of local government authorities partly because of the building, health and safety regulations which they police. Local authorities are also in a position to improve the accessibility and the amenity of their public facilities for disabled people.

Councils could easily perform a valuable service for handicapped people, both children and adults, by revising the wording and interpretation of their zoning regulations and town planning ordinances. As mentioned earlier in this paper, group homes are a major need for handicapped people but some councils have created major difficulties for people and organisations trying to develop these facilities. Some councils have defined group homes as institutions or hostels and have interpreted their planning ordinances in ways which prohibit the use of ordinary suburban dwellings for groups of handicapped people. Those decisions are often taken following objections from local residents who fear that property values will be adversely affected or have unreasonable qualms about living in the vicinity of handicapped people. Both of these fears are unwarranted and do not provide any ground for denying handicapped people access to dwellings in residential areas.

Measured in terms of expenditure, local government in Australia makes a very modest contribution to health and welfare services as compared with some other developed countries. In 1975-76 local authorities devoted 4 per cent of their total expenditure to education, health and welfare services. A further 2.7 per cent was spent on housing, community development and community amenities. These figures may be compared with 14 per cent spent on recreation and culture and 10 per cent on sanitation and sewerage.¹⁴

Opinions range widely concerning the proper role of local government in welfare activities. At one extreme is the total commitment to the traditional preoccupation of local

14. R.F. HENDERSON and R.B. LEWIS. 'Local government and personal and community services', in *Public expenditures and social policy in Australia; Volume II, The first Fraser years, 1976-78* (eds. R.B. Scotton, H. Ferber), Melbourne, Longman Cheshire, 1980.

government with the roads and drains. At the other extreme is the view that local government is the most appropriate base for planning and administering social welfare services.

Local authorities are generally perceived to have a growing role in planning, stimulating and co-ordinating the activities of voluntary bodies and other organisations. This role may be supplemented by other forms of assistance such as rate-free premises and limited subsidies to selected activities.

The Local Government Association of New South Wales at its 1976 Annual Conference adopted a policy statement on the role of local authorities in welfare. The statement calls for a higher degree of development of personal welfare services and encourages the employment of staff in the welfare and community development field. It suggests that generalist staff skilled in the social development sciences should be appointed before staff with responsibilities for specific population groups. This policy does not propose a major role for local government in providing *special* services to handicapped children.¹⁵

The Victorian Government has accepted that the role of local government should include the direct provision and co-ordination of health and welfare services. The State Government would assist by providing funds to develop approved services after community needs are identified.¹⁶ The needs of handicapped persons may not rank high in the order of perceived needs; for example a 1973 survey of local authorities showed aged persons, Aborigines, low income families, youth and single parent families listed above handicapped persons as groups most in need of assistance.¹⁷ This no doubt reflects the segregation and invisibility imposed upon handicapped people in the past and a better appreciation of their needs should result from the widespread efforts being made to assert their rights.

In addition to providing special services, local government can promote normalisation in many ways, most notably by allowing group homes to be established, by promoting integrated children's services such as pre-schools and play groups, and by ensuring that recreational facilities such as parks and playgrounds and other facilities are suitable for disabled children.

15. *Policy statement on the role of local government in welfare*, as adopted by the Annual Conference of the Local Government Association of New South Wales, 1976.

16. *Final report of the Board of Review of the role, structure and administration of Local Government in Victoria*, Ministerial Statement by the Hon. D.G. Crozier, M.L.C. in the Legislative Council, 10 December 1980 (Extract from the Parliamentary Debates), Melbourne, Government Printer, 1980.

17. *The delivery of welfare services : I. Local authorities and social welfare services and facilities*, Research Report by Professor C.P. Harris, Canberra, AGPS, 1977.

WHAT OF THE FUTURE?

Looking to the future what conclusions can be drawn about the role of government in preparing handicapped children for adult society? The aim must be to provide children with disabilities with the skills and environment to live as independently as possible. This requires a continuing commitment from each tier of government.

At the Commonwealth level, payments to families with a handicapped child should be brought more realistically into line with the extra expenses incurred by the family. At the State level much can be done by providing additional resources to make good the areas of major need in education and other services. Legislative initiatives are also required to assert the rights of disabled people and to assist their right to obtain necessary services.

Governments at all levels must have the will to initiate and sustain reformist programs to further the interests and independence of handicapped people. These reforms must be actively promoted and pursued to compensate for many past years of neglect and to overcome negative and paternalistic attitudes from both inside and outside the administrations.

TECHNOLOGY, EMPLOYMENT AND THE DISABLED

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Alan J. Scott

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MAN AND HIS HANDICAP

A unanimous chorus of praise
is not an assurance of survival.

Andre Gide

Just 150 years ago would take us back to times when survival in the emerging industrial society was a complicated matter of class, race, status and fitness. People like Henry Mayhew give us a horrifying picture of what it meant to be at the lower end of the social scale.¹ Disability then was not just physical or mental, it was very much a social factor and physical or mental disabilities were simply additional burdens carried by those unfortunate enough to have them and live.

One hundred and fifty years ago is significant because that was the time when social disabilities began to be removed. The formation of trade unions was legally allowed, regular police forces were established, laws to safeguard factory workers were enacted, slavery was abolished and the word 'socialism' was used for the first time. Awareness of social disability began to spread and looking back we can perhaps wonder how perfectly reasonable and sincere people could have supported something like the slave trade and the kind of ill treatment of fellow human beings that it often meant. Over the past 150 years social disabilities have gradually been disappearing and in the process physical and mental disabilities are becoming more obvious. Thirty years after Mayhew, Charles Booth could identify the 'physically infirm' as being the most disadvantaged of people.² Today, the social disability of the physically and mentally disabled still remains. Perhaps in another 150 years people will look back and wonder how we could have treated our fellow human beings, who happen to have physical or mental disabilities, in the way that we do. In addition they may well wonder why we treat the families of the disabled so insensitively as well. As British novelist, Jack Trevor Story describes:

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1. H. MAYHEW, *London labour and the London poor*, London 1861, reprinted Dover, New York, 1959.
 2. C. BOOTH, *Life and labour of the people of London*, London 1891, reprinted Augustus M. Kelly, New York, 1969.

Tilly had been boycotted by her neighbours ever since Charles' illness. They crossed the road rather than meet her. No wall in the urban district was higher or thicker or more impregnable than the wall around the sick. The intelligent dumb and the intelligent deaf were left to themselves. The mentally alert person sitting in the invalid chair with the neck awry was left to gape at the sky. The raving maniac, the sex pervert, the raper and the strangler of small children was accepted warmly so long as he could smile and have a ready flow of small talk about the weather.³

It is only now that this situation is being challenged and we are beginning to see that many of the problems faced by the disabled are problems of the general community and not of the disabled themselves. Hopefully community understanding about disability is undergoing a change of sufficient magnitude to permit people in the future to look back and recognise that it was in our day that enlightenment about the human person who was more disabled than most came about.

SIGNS OF CHANGE

One sign of changing attitude is an increasing awareness that we have at our disposal the means to remove many of the handicaps that some people suffer. In some cases this may simply mean understanding what they really are. For instance, a person who has lost an arm could be called disabled or handicapped; but if that person can be given a job which does not demand the use of the lost arm, he or she is certainly not handicapped in relation to that job.

In other cases it is man, by his ingenuity, who has turned disability into ability through the innovations of his technology. Indeed the story of man and his technology is the story of a handicapped animal and the ways in which he has overcome his handicaps. The species *homo sapiens* is so badly adapted for survival it is a wonder we are still around to contemplate the fact. Early *homo sapiens* had little hair to protect them from heat or cold, poor speed, no natural defence mechanisms and the burden of helpless, slow maturing offspring. However, *homo sapiens* did have two things which made all the difference: the thumb and a large brain. These two things alone provided the capacity to develop technologies which would overcome many of the natural handicaps of the species.

3. J.T. STORY, *The urban district lover*, London, Secker & Warburg, 1964.

Technology came about because man's brain enabled him to think and man's thumb gave him a dexterity by which he could manipulate the materials in his environment. This enabled him to discover new ways to solve the problems of survival and develop ways to modify the environment so that he could increase his food supply, improve his shelter and develop his defences. This was the beginning of his technology. It turned homo sapiens from being one of the most handicapped of species into the dominant species whose technology has become so extensive and complex that no other animal can compete.

TECHNOLOGICAL IMPACT

The development of technology has taken place over a long period of time. For instance, it is now something like 36,000 generations since someone discovered that the sharp edge could be used to solve a number of man's problems of survival. This technology, with roots so far in the past, is still an essential part of our survival today and we continue to discover new applications and refinements of this basic idea.

Man, as an animal, could do little to adapt to the various world environments. His solution was to reverse the process and try to adapt his environment to suit himself. Thus the solutions man has found for overcoming his handicaps have largely been through the modification of his environment and the extension of his abilities through technology. Given this as a principle, it follows that people who are more handicapped than the average human being simply need a technology aimed at solving their somewhat more complex handicaps.

In this Year of Disabled Persons a great deal will be written and said about the disabled but this, of itself, will not ensure changed attitudes or new ideas. For the disabled to move from just surviving to living fully they must discover the potential of technology to relieve them of their label of 'handicap', and of their frequent struggle to be accepted as people. Like the socially handicapped before them, technology offers a way of providing the disabled with the dignity of being recognised for what they have to offer. This monograph sets out to expand on these two points.

WHAT ARE WE TALKING ABOUT?

The important thing about any work
is how you understand it.

Pubilius Syrus

THE DEFINITIONS

One of the problems in writing about both technology and handicap is definition. 'Technology' is a general word that is frequently used in the limiting sense of electronic gadgetry. 'Handicap' has also been used in a general way but an effort is being made to give it a more precise meaning. For the purpose of this monograph I will use these words in the following way:

Technology will refer to any artificial extension of the human person which allows that person to operate beyond the limits of his own abilities.

Thus, every day things such as the knife are just as much technology as complex things like the computer. The history of technology helps us appreciate just how handicapped all of us would be without its benefits.

Handicap indicates the disadvantage suffered by an individual with a disability, and is one of a group of three words which are beginning to be defined in a formal sequence.

The words are *impairment*, which describes an anatomic loss or loss of bodily function; *disability*, which refers to the loss or reduction of functional ability resulting from impairment; and finally *handicap*.⁴ The aim of the use of technology is to remove the disadvantage, or even to provide advantages, for the person who might otherwise be handicapped.

A third dimension being considered in this paper is employment. Again definition is difficult. However, it is important to understand that 'employment' is not necessarily 'paid employment'. There is still much confusion about what is meant by words like employment and work. 'Work', most people would agree, entails physical or mental effort of some sort but beyond this any

4. SOUTH AUSTRALIA. Committee on Rights of Persons with Handicaps. *The law and persons with handicaps* (Chairman: C.H. Bright), Adelaide, Government Printer, 1978.

agreement ends. Many people see both employment and work in the economic sense of being paid for doing something that is productively useful. A question that is being raised in various ways today is whether work that is productively useful must necessarily be paid for by someone else.

BEYOND ECONOMICS

The whole question of the Gross National Product (GNP) as a measure of the productive output of a country is being challenged. For instance, not all the productive capacity of a nation is counted in its GNP. If you grow vegetables and sell them or get paid for cleaning someone's house, this is counted as part of the GNP. If you grow vegetables and eat them yourself or clean your own house this does not count as part of the GNP. Thus from an economic point of view it is not what you do but how you account for it that matters. There are many more facets to this debate, but the important point for our purposes here is the emphasis that to be productive does not mean that you have to work for someone or keep accounts which will allow your efforts to be counted in the GNP.

Another side to the discussion is that technological innovation reduces the number of people required for many jobs. Whilst there is some hope that people displaced from one area will be taken up by work in other areas, it seems likely that the number of people required in the type of 'work' currently defined by the GNP will become fewer. If our community is to remain viable, people must be enabled to become productive outside those spheres which have traditionally been counted as contributing to the GNP and defined as 'work'. The point for the disabled, as for others, is that employment should no longer simply be equated with occupations within the current GNP contributing areas.

W.H. Auden points out that human activities can only be understood in the context of human relations and classifies them as: 'labour', 'work' and 'play'.⁵ 'Labour', he says, 'is an activity imposed by necessity and lacking any element of free choice'. 'Play' he sees as the opposite extreme, a 'completely gratuitous activity in which a person enjoys absolute sovereignty over time. The person is free to play or not and their only reason for playing is that they enjoy it for its own sake'. Between these two extremes he sees the activity of 'work' which, he says, 'is being able to do something which, like play, is something a person enjoys for its own sake because it is in accord with their interests and talents but, like labour, is of importance to others, so that they can earn their living by doing what they enjoy doing'.

5. W.H. AUDEN, 'Culture and leisure', *Ekistics*, vol. 144, 1966.

Obviously the ideal occupation for any person is to be able, in Auden's terms, to 'work'. With the decrease of opportunities for people to either 'work' or 'labour' in areas counted in the GNP, the need to be able to 'work' in terms outside current economic concepts is increased. In addition, Auden's concept of work being the means of 'earning their living' may need to be changed.

Therefore, in any discussion about technology that may assist the disabled to overcome their disabilities in order that they may be 'employed', it should be understood that we are not necessarily bound to the confines of an older understanding of the meaning of work.

BEFORE TECHNOLOGY

Technology, which can expand life for an individual, can at times be relatively simple, far more simple than is often realised. At other times the technology required to produce simple results can be extremely complex. However, before we can begin to discuss technology there are two very human characteristics which predispose our approach to technology: assumptions and prejudices. These often create more difficulties than the development of technologies themselves and must be considered.

Limited perception, prejudices and lack of initiative exert far more influence on our society and its organisations than we are usually prepared to admit. Many things which could or ought to be done are left undone because someone with the power to do them has other ideas or inclinations. This is true for any organisation, including those serving the disabled.

THE ASSUMPTIONS

There are many problems which the disabled face that are well known and cry out for attention, yet seem destined to remain unresolved. For instance, renal disease is known to be the highest cause of death in women with spinal injuries. The technology involved in alleviating the condition is, at best, inadequate. There has not been any basic redesign of wheelchairs since 1940 and their problems are well known, but the old design continues to be produced and used because no new designs have been allowed to come onto the market. It was recently reported that the Sarich organisation in Western Australia had been working on a wheelchair of revolutionary design, but that the work had stopped because they had been unable to obtain a clear definition of a 'wheelchair' from

paraplegic sporting bodies.⁶ It is likely that even if such a definition were obtained it would automatically eliminate any radical redesign because the people who formulate the rules will be working from what has been possible, rather than towards what could be.

The number of needs still to be met for the disabled is large, and for the individuals concerned the task is urgent. Predictions that the industrial era, and the wealth thereby generated, has peaked means that the need to solve many of the more complex problems is perhaps all the more urgent.

Much of the attention given to the disabled is in terms of their problems rather than of any contribution they might make. For instance, many people approach the question of employing the disabled by looking for reasons why they could not do a job. In one instance a person confined to a wheelchair was refused promotion because the people on the interviewing panel decided movement up and down a particular slope, a requirement of the job, would be too difficult. No attempt was made to discuss or test the assumption with the person concerned, who could in fact negotiate the slope easily. Usually the last person to be consulted is the disabled person.

Many devices have been developed to meet the needs of particular types of disability but they fail to meet the specific needs of an individual. If a prosthesis is prescribed to meet general needs and a person fails to use it, the all too frequent assumption is that the person has not adjusted well to the device, and that the difficulties lie with the person, not the device. More progress is usually possible if the prosthesis is modified to meet the special needs of the user rather than attributing failure to the user's lack of ability, co-operation or the level of instruction given. There must always be room for flexibility between the standardisation of general devices or components of devices and the non-standard needs of particular individuals. Industry has not been notable for making allowances for individuals, and perhaps one of the things the disabled can help society understand is how to adapt general standards to meet the specific needs of individuals. We might also remember that people not only vary in their particular needs at any particular time, but that their needs also vary over a period of time.

Not all technology is complicated. In spite of a tendency to assume that progress only comes out of complexity, a great deal of technology of inestimable value to the disabled is very simple. There has been a call from third world countries for 'appropriate technologies' to meet their needs and not those of Western manufacturers. Perhaps we have another kind of third world within our society, our disabled, whom we try to assist with our most complex technology when often the very simple would be more appropriate.

6. "'Sarich" chair hits a snag', *Australian*, Sydney, 7 January, 1981.

THE PREJUDICES

The disabled, like most other people, are caught up in systems which predetermine much of life. In facing up to the complexity, ramifications and frustrations of such systems not only is there need to resolve conflicting ideas, but also the politics and ideologies of the various agencies and individuals who set out to assist the disabled. As Brown and Redden comment:

Each person in each group has his or her own self interest to protect. Each of the handicapped groups has its lobbies. Each group of manufacturers of devices has its spokesperson. Each service profession has its organisation etc. All observers are bewildered by the complexity. One repeatedly hears cries for 'Let us organise, let us get it all into a central agency, let us get better distribution of information, let us collect basic bibliographies, let us get the data into the data bank, let us prepare a rational set of priorities as to what should be done next.' Perhaps some of the plans are appropriate. In reality, the individual factors will not be organised into a monolith. The diversities of self-interest are productive if not carried too far. Highly centralised activity would not be necessarily efficient or adequate in meeting individual needs.⁷

The fact that there are differences of opinion among those who work for the interests of the disabled is not really surprising. Groups of people gathered for any purpose have various ideas about the best way to deal with their particular interest. For the disabled differences of view, philosophy or ideology produce varying ideas about the kinds of technology that should be developed. Some of the difficulties caused by these differences are fairly obvious; others are far more subtle. In the case of obvious differences of opinion there is a tendency for a disability group to be divided into two or more factions which are easily distinguished, each calling for the development of different skills and technologies. This situation introduces an element of choice, but also tends to split the available resources.

An example of this division is seen in the deaf community. Should the deaf be taught to communicate with sign language or be taught to lip read? The ideas in themselves are not mutually exclusive, but because they become linked to the

7. J.W. BROWN and M.R. REDDEN, *A research agenda on science and technology for the handicapped*, American Association for the Advancement of Science, Washington, 1979 (NTIS document: PB-301-220)

education of deaf children a deep philosophical dichotomy can develop as to the best way of preparing deaf children for life. Those who support lip reading argue that for a deaf person to become fully integrated into society lip reading is essential. Otherwise they are dependent on sign language for communication, which most of the community do not understand. Those who support the teaching of sign language argue that many deaf children never learn to read lips effectively and do not speak clearly enough to be understood. Therefore, they see the only way for the profoundly deaf to achieve effective and adequate communication and education is through sign language and the use of an interpreter.

This statement of dichotomy is somewhat misleading because it leaves out many of the factors which influence the decisions and outcomes that surround the two major communication modes. However, it does illustrate how a difference in philosophy can set the agenda for the development of a technology to meet the differing philosophical perceptions.

The issue among the deaf is fairly open and obvious and whilst it causes a split in resources and direction, technological needs, once identified, can be researched. Far more difficult to deal with are subtle philosophical barriers which arise not only within the handicapped community but also within the population at large and affect the technology available to the disabled. Often a whole range of blocking mechanisms prevents the communication of a need or the provision of an answer outside established organisations and philosophies, through a variety of subtle and often unrecognised vested interests. Perhaps one of the most urgent areas of research is into the social structures of services to the disabled. Such a study could at least identify why even well known technological needs are not being met. The wheelchair, the international symbol of disability, is an example. It is well known that the design presently used has poor traction, range, dependability and manoeuvrability. Refinements to the original design have largely been related to adaptation of the vehicle for powered movement. There has been little commercial attempt to modify its basic conception, improve its structure, dynamic capabilities or interface with additional components that have or could be developed to meet the special needs of particular individuals.

This example is one of many in which a piece of technology does not meet even its basic specifications. The new Sarich organisation design mentioned above is said to reduce weight by a factor of four, improve the handling capabilities, stability and comfort and be significantly cheaper. If this is so let us hope that the forces that have maintained an inefficient design for forty years are not able to block its introduction.

The difficulty of developing appropriate technologies for the disabled arises because of the directions steered by entrenched ideas. Technological innovation has two basic requirements: a perceived need and an informed imagination. A truism of technological innovation is that new ideas do not come out of large established organisations. Perhaps organisations for the disabled are disadvantaged by their own success. Like many large corporations they lack the organisational ability to produce the innovative thrust that will produce new developments.

BEATING THE HANDICAP

What you cannot as you would achieve,
you must perforce accomplish as you may.

William Shakespeare

Once a perceived need has stimulated an informed imagination to work on a technological solution to a particular problem, it is likely to lead to the discovery of more problems rather than simply solving the old one. For instance, one of the possibilities that has become part of television fiction is bionics. The bionic man, the bionic woman, the bionic dog have all suggested that the link between robotics and the human person is a reality, albeit an expensive one. It is simply a matter of connecting mechanical but natural looking substitutes to the body's nervous system and the person is not just as good as new but far better.

The technology of the human-mechanical interface has, however, not yet reached that stage. The bionic fantasy does suggest a possible line of research but a great deal needs to be done before the fantasy becomes reality. Although we can see the need and the desired end easily enough, the part in the middle is very complex and we know little about how it can be made to work. It will require an affluent society that is prepared to finance the investment in both the basic research and the costly application which would flow from the results. For example, we would need to know what capacity the brain has to acquire and interpret multidimensional dynamic information presented by, say, electrical stimulation, in order to discover ways by which normal functions can be expanded or diverted or replaced to compensate for losses. The results of work in this area with the blind has so far been disappointing. There are indications that the frequently repeated application of the electrical current that must be used can produce neural damage in the subject. There is still a long and expensive way to go before the direct connection of the human to bionic replacement devices can become a reality, but we need to hold on to the idea.

WIDER SOLUTIONS

Not all research has to be in the area of original knowledge, and when it is directed towards solving a particular problem it need not be esoteric. If we accept that the way forward lies in the area of appropriate technology our solutions will not be related to how existing gadgets can be adapted to meet the needs of the disabled; rather we will start with a person

and determine how his or her needs can be met. We will then be free to explore all the possible ways of solving the individual's problem, which may be the adaptation of some electronic gadgetry but equally may be by fixing something to the end of a stick.

INDIVIDUAL SOLUTIONS

One of the problems which arises in meeting an individual need is that neither the bureaucracy nor manufacturers are enamoured of the idea of non-general solutions. For one thing they are seen as being too difficult to administer; and for another they are seen as being too costly to manufacture. If any technology is to be used in the service of the disabled then it must meet the specific need of the user rather than some ill-defined class of disability. Certainly there can be some standardisation of particular devices or components of devices, but a way must be found whereby the disabled person is included in the development of technology that meets his or her particular need. We must recognise the individuality of the disabled in both their abilities and needs, even within a particular class of disability, and develop appropriate technologies to assist them.

From the dream of bionics and the need to apply a variety of individual technological solutions we can now look at some of the answers that are being found. It will be impossible to mention every technological device that has been applied to the service of the disabled. The following is a brief review of some of the developments and some of the problems in the areas of sight, hearing, speech, mobility and muscular/skeletal disabilities.

SIGHT

Eyes provide a major means of communication between an individual and his environment. This includes both the receipt of information for the practical activities of everyday living and for the aesthetic input that the world provides. The basic concern of technology in finding ways to substitute for the loss or absence of vision has been towards providing practical access to the printed page and ease of movement in the environment. The major problem facing workers in this area is that the other senses which could be called upon to substitute for the eye are far less versatile. For instance, the ear has only 40,000 nerve fibres extending into the brain compared with 1,000,000 from the eye. The absence of sight means a significant loss of sensory input to the brain. In trying to do something about replacing visual data through

alternative sources technology must be developed to meet two distinct needs: those of the totally blind who need a means of translating printed material into a form 'readable' to other senses; and those of low-vision people who need to have their limited visual capacities enhanced.

Reading

Several non-visual reading aids for the totally blind have been developed, and although they are technically complex they are being tested. They consist basically of a translation unit which converts the output of a photocell into either an audible output or into braille. A small portable unit is in production at relatively low cost. Its performance is still crude and the information loss is great but it does permit the independent reading of books and is being enthusiastically received. As the device is more widely used its performance will, no doubt, be improved.

For the future, the evolution of the talking calculator has demonstrated a means of providing speech synthesis from the written word. However, the task of turning a talking calculator into a device with the ability to accurately turn printed language into audible speech is still a long way off.

Movement

Movement for the blind is difficult, not because of physical restrictions but because of the need to navigate in an unknown world. Until now the means devised to interpret the environment to the blind leave a lot to be desired. Despite all our technology the blind person's stick with or without variations is still the basic mobility aid. For safe movement the blind person must not only know what is in front of him but also what is above, what projects from the side, what the surface is like, as well as all the other elements of information the sighted person receives and takes for granted. To extend information input beyond the cane's capacity, ultrasonic and optical triangulation devices are being developed. One such device, the laser cane, preserves the advantages of the long cane and adds an audible early warning of obstacles both in front and overhead. Another device which achieves a similar result hangs round the neck like a camera and uses ultrasonic pulses to identify where objects are in the immediate environment. There is some hope of eventually being able to provide the blind with the means to construct a three dimensional picture within their brain via other sensory inputs. The results of this work have so far been fragmentary, but some blind people have been able to perceive repeatable three dimensional information by this means.

Low Vision

The problems for people with low vision are different from those of the totally blind. These are people who, even with the maximum possible corrective glasses, find that they still cannot read or sew or do like things. For a few, telescopic aids help, but what is much more promising is television. This technology provides the means of increasing magnification and contrast in ways not available by lens technology, and can make reading and writing far easier. The main problem with this equipment is that it is not yet readily portable and it is still expensive. However, as Rosenblith et al have pointed out there is still much that could be done for low vision people without waiting for electronic gadgetry:

In treating the population with low vision, the greatest need is proper distribution of simple, inexpensive off-the-shelf items that industry knows already how to make, rather than expensive breakthroughs in technology.⁸

Basically, people who are blind or who have low vision need devices which will assist or improve their ability to receive data from the external environment. They want to be able to 'read' and move about so that they can live independent lives at home, at work and at leisure. Their basic aids are not necessarily high technology. They rely largely on the long cane, the guide dog, braille and for some, cosmetic assistance. High technology, often developed for other purposes, is beginning to supplement their basic aids but it will have to become far more reliable, versatile and economical before the blind will be able to put their total faith in it.

HEARING

Impairment of speech or hearing, or both, may occur at any age and from many causes. The aid of technology has been enlisted in two ways: in the detection of disorders, particularly deafness, and in overcoming the impairment.

Detection

Means of detecting hearing impairments, especially in children, have improved considerably over the past few years, due to both better equipment and a better understanding of the problems. As with the blind, two distinct groups requiring totally different types of assistance can be identified. Those who

8. W.A. ROSENBLITH, et al, *Science and technology in the service of the physically handicapped; Summary*, National Academy of Sciences - National Research Council, Washington, Div. of Medical Sciences, 1976 (ERIC document: 151996)

are hard of hearing need some apparatus for amplifying sound to a level at which they can hear. Those who are totally deaf require some way of translating speech into a form understandable by one or more of the other senses. Better detection technology has helped define more clearly the areas in which technology may provide more effective solutions for those with hearing problems.

Amplification

For those who need sound amplification the hearing-aid is a familiar device. Yet in the period since the electronic device replaced the ear trumpet there has been little or no change. Improvements have been made involving miniaturisation, lengthened battery life, distortion reduction and improved versatility. But these improvements have resulted from commercial pressures rather than from an increased understanding of the disorder and of the possible use of other technologies to assist people with hearing problems. It should not be forgotten that as the population ages the percentage of people with hearing difficulties will increase and the demand for assistance in this area will grow.

Interpretation

The development of technology for the deaf has been limited by the lack of basic data on a number of perceptual aspects of hearing and the role it plays in the development of cognitive skills, particularly in the congenitally deaf. Related to this is the little interest shown in discovering which of the technologies developed during the past few years have a potential application for by-passing some of the problems of deafness. One communication medium which ought to have close attention is in the area of programmed learning. For both education and work instruction visually communicated material ought to have significant application for the deaf. Computers and word processors with visual display terminals (VDU's) provide a significant communication mechanism which ought to be exploited for both the training and employment of the deaf. The development of optional captioned television is a variation of this which can enhance their leisure.

Much existing technology needs to be investigated to assess its possible application to the needs of the deaf, but this requires that both the need be perceived and the imagination be informed for connections to be made. This is especially true of the workplace, where equipment which does not rely on verbal communication and is ideally suited for use by the deaf is not being exploited by the deaf community.

SPEECH

Speech is the other aspect of communication, and speech impairment or disability is often associated with hearing deficiency. However, the two are not necessarily associated. Speech problems for the congenitally deaf are often due to the lack of input data rather than to any actual damage to vocal equipment. For other people problems of speech arise from illnesses such as cancer, stroke, neurological disorders, emotional and psychological factors, or from congenital factors such as cleft lip and cleft palate or from laryngeal damage. This disparity of causes again requires two entirely different technological approaches: one relates to assisting people to utilise what they already have; the other to replacing that which no longer functions.

The first group depends largely on feedback systems designed so that a person can appreciate what they are doing with their vocal cords in the absence of hearing. Computer devices offer the best new technology in this area by visually representing sounds against a model, not unlike the mirror exercises done in speech training. However, a great deal needs to be done before this approach will become a workable proposition.

The second group presents a much greater range of problems and a greater range of possible answers. One of the major problems here again seems to be that there is little co-ordination between people identified as having a need and those who produce or market the equipment. It is reported, for instance, that the spastic person who is unable to either walk or talk is much more likely to be identified with other spastic persons rather than with those who have speech or walking difficulties. Thus medical classifications can sometimes mask technologies which could assist a person to solve part of a problem by creating classifications of cause rather than of need.

In this area particularly there seems to be little communication of the results of work already done. A great deal of effort can be put into solving a problem for one individual which, if it is never reported to the community at large, allows good ideas to be lost because no one outside the circle generating the idea knows what has been achieved. As Brown and Redden comment, 'Technology (to aid speech problems) of apparent worth is not getting into the market place.'⁹

Voice Loss

Technology in this area has produced vocal amplifiers, speech translators or clarifiers and signal enhancement. Much of the work still to be done relates to applying existing

9. J.W. BROWN and M.R. REDDEN, *op. cit.*

technology to meet the needs of people with no voice. One area which could be expanded is the use of non-verbal communication techniques which, in some circumstances, could be of as much value to the non-verbal as to the deaf.

One technological innovation currently being investigated is that of language facilitation. Many non-vocal people as well as a great number of vocal people experience difficulties in handling language in such areas as spelling and grammar. Work has already been done in the area of systems to eliminate the need for accurate spelling. With the development of low cost powerful processors and memories, the advent of language processing communications is rapidly becoming a possibility.

For the non-vocal, technology promises new ways to make effective rapid communication a reality.

MOBILITY AND MUSCULAR/SKELETAL DISABILITIES

The problems people face in this area are related to deformities, paralysis and skeletal joint destruction.

Many people with deformities require no technological assistance to enable them to function at home or at work with the same energy and capacity as other people. The main problem for many is likely to be with clothing or footwear. There may also be the need for cosmetic or psychological assistance, but these needs relate to the needs of the personality rather than to the physical disability. Other deformities, such as those which arise from amputation, present very real technical problems and have been the focus of technological endeavour over hundreds of years. Three centuries ago Ambroise Pare was manufacturing mechanically functioning artificial hands from the design of the mediaeval knight's iron gauntlet. He also made a range of other functional artificial limbs for his customers. Since then the technology employed in manufacturing artificial limbs has largely paralleled the technology available.

What has changed in recent years, particularly following efforts to assist those who lost limbs during the two world wars, has been the availability of prostheses to a larger proportion of this population. We may not yet have functioning bionics, but we already have mechanical devices available that are reasonably effective. The one area which still requires a break-through is a durable covering which will provide a more natural skin-tone colour and texture for these devices.

For people who have their limbs intact but lack the necessary central control abilities, such as those with cerebral palsy or those who have had a stroke or brain tumour, devices

which approach bionics are already commercially available. One system involves a switch located in the heel which activates a radio transmitter, which in turn stimulates the nerve through an implanted electrode. An extension of this has been a multi-channel, surface-stimulation device designed to provide simultaneous hip, knee and ankle control. There are still design problems with this approach but it promises well for the future.

The deterioration of joints through arthritis seems to have always been a major cause of pain and disability. Technology here has been directed towards joint replacement devices. The most successful of these have been the hip and knee joints which can be accurately reproduced and even mass produced. Most other major joints, however, are much more complex and their replication has not been as successful. Many are difficult to fix securely or do not provide all the functions available in the natural joint, or both, so that their use is not widespread.

One important area of research which may ultimately provide assistance with muscular and skeletal problems is neurobiology. Research in this area is relevant to the entire spectrum of treatment and rehabilitation of physical disabilities. The work is time consuming, expensive and has a long way to go, but spin-offs will occur which will stimulate new devices and new understanding. One of the major areas of attention here is related to the loss of skin sensation. Often this sensory loss limits the ability to regain functions by the loss of protective pain. The absence of sensation can expose the person to dangers from many other sources.

Another area of technology not being fully exploited for the disabled is developments in preparation, storage and ingesting of food. Microwave ovens and the food systems developed for space programs could have significant implications for the ease of preparation and balanced nutrition for people who find the obtaining, preparing and eating of food a problem. This technology will need to be tailored to meet individual needs, but the technology is there waiting to be utilised.

EMPLOYMENT

In order that people may be happy in their work these three things are needed: They must be fit for it; they must not do too much of it; and they must have a sense of success in it.

John Ruskin

Ruskin's assessment of the proper place of work in people's lives has been supported to some extent by later scholars, but at first glance what he suggests would seem to work against the disabled. Particularly when he says people should be 'fit' for the job. Perhaps the first thing that comes to people's minds when they think of the disabled is that the disabled will not be fit. During the Royal Commission on Australian Government Administration, as part of an investigation into the employment of the disabled in the public service, two medical consultants, commenting on the then medical standards for entry into the Commonwealth Public Service, made the following observations:

Nowhere in the Handbook for the Guidance of Medical Officers is there any distinction made between the diagnosis of disability and the diagnosis of disease. It must be emphasised that the two are not synonymous.

Dr Edwin Knight (1976)

The medical standard indicated in the document would be likely to cause a medical officer to reject a handicapped person from employment solely on the grounds of disability.¹⁰

Prof. B. Hetzel (1976)

The emotional response many people have to those perceived as being disabled makes it difficult to convey the sentiments enshrined in a slogan used by the French 'Comite National de Liaison pour la Readaptation des Handicapes' that 'The handicapped person who finds a job, is no longer handicapped'. The emotive basis for the reaction may be seen in our differing reaction to the able-bodied unemployed and the disabled unemployed. The able-bodied person out of work is seen as a

10. A.J. SCOTT, *The employment of handicapped people in the Australian public service*, Royal Commission on Australian Government Administration, AGPS, Canberra, 1976. Microfiche.

potentially productive member of society, whereas people who are regarded as physically or mentally disabled are seen against a background of sickness, and are assessed with a view to the degree of medical attention they may require rather than by what they can contribute to society.

Many employers see the employment of the disabled within the concept of charity, rather than of people with real work potential. The Victorian Employment Committee's assessment of employment prospects for disabled people in Victoria commented that even where statutory authorities have firm policies directed towards equal opportunities for disabled people 'the number of disabled people being placed is low'.¹¹

The question of employment for the disabled has little to do, directly, with technology. Most of the problems are related to attitude: the attitudes of managers and personnel staff, of the community and of the disabled themselves. Whether a person is employable, regardless of whether they are labelled as disabled or not, depends on two basic considerations: firstly, what is required to be done; and secondly, whether the person is able to do it. Beyond these basic requirements are a whole host of other considerations but they all relate to the abilities and not disabilities of the person. That is, whether a person is employable or not relates to what he or she can do. A spastic person was able to successfully complete an apprenticeship as an electro-plater, which required dealing with a number of toxic chemicals, not because he was spastic but because he was able to do all that was required of him in his work. The fact that he had other problems and was different from other people was irrelevant.

Technology for the disabled is in the nature of a prosthesis. Once the prosthesis functions properly any considerations about employment are not related to the disability, which no longer exists, but to abilities and qualifications. A person who is short-sighted can have that disability corrected by a pair of glasses. That person is then just a person with glasses and no one is particularly interested unless good sight without glasses is an absolute necessity for a job. The person with glasses has a prosthesis, but if a person needs a prosthesis to enable him to walk he is regarded as handicapped. If a person requires a prosthesis to enable him to see properly, is he not also handicapped? Our dilemma is that if we answer 'yes' we are admitting that a very large section of the population is handicapped. If we say 'no', is it simply the frequency of occurrence that we regard as the measure of handicap? Our real difficulty is that this is just what we tend to do. Short-sightedness or the lack of teeth are impairments suffered by a large proportion of the population, and we do not classify them as being disabled.

11. K. COLE, et al, *Opportunities and handicaps - Employment prospects for disabled people in Victoria*, Victorian Employment Committee, Melbourne 1980.

Yet people with prostheses which restore the functions of their legs or arms find a wall has been erected round them which cuts them off from other people. When a person's condition varies sufficiently from the norm he is cast into a sickness role, to which he is not only expected to conform by society at large but finds himself conforming to as well.

Howard Becker drew attention to the fact that people who are noticed as being different are identifiable, not because of anything they do or are but because people, whom he called 'moral entrepreneurs' put a label on them.¹² Thus people who require a prosthesis to correct their vision, because they are so numerous, escape any general labelling. A person who can walk by means of a prosthesis need not be handicapped by his condition; he may, however, be handicapped because he is defined as such by others and ultimately by himself as well. Thus it can be that it is not what you are, but what people say you are, that matters.

Part of the process of labelling the disabled in our society has involved equating impairment and disability with sickness. This has led us to treat the disabled in the way we treat the diseased and the injured. Talcott Parsons has suggested that people cast in the sickness role are obliged to conform to four stereotypes:

- (a) They are exempt from responsibility for their incapacity.
- (b) They are exempt from normal social responsibilities.
- (c) They are expected to understand that illness is inherently undesirable and that they are obliged to try to get well.
- (d) They are expected to seek the medical attention required to cure them and co-operate fully in the restoratory process.¹³

The universal application of Parsons' hypothesis has been challenged, but it does help us to see the link between the disabled and the sickness role. A logical extrapolation from Parsons' argument is that whilst no blame is attached to the disabled for their condition, the fact that they are obviously not 'normal' means that they have not co-operated sufficiently with the medical processes. They are flaunting their disability and this is inherently socially undesirable.

The association made between 'disability', 'handicap' and the 'sickness role' leads to a host of assumptions which are

12. H.S. BECKER, 'Outsiders: Studies in the sociology of deviance', *Free press*, New York, 1963.

13. T. PARSONS, 'The social system', *Free press*, New York, 1975.

totally unfounded and work against the interests of people with disabilities. David Clutterbuck, writing in the journal *International management*, points out that disabled people often find it difficult, if not impossible, to get a job. He goes on to report that:

Arthur Carr, head of a London agency which specialises in placing the hard-to-employ explains that: 'Most managers have enough problems on their plate already. If they are unused to handicapped workers they ask themselves, will he keep a good work record? Will he always be off sick, setting a bad example to other employees? Will the other staff resent him? When companies are having to lay off able-bodied men through lack of work, they find it hard to justify hiring extra disabled. Managers also believe that employing the handicapped will push up insurance costs and require special privileges which cannot be reasonably granted to other employees.¹⁴

This illustrates that employers, unused to employing disabled workers, label these people and deal with the consequences of their labelling rather than the reality. They miss the point that a person with a disability is not sick. They also fail to see that the disabled person who has a job is no longer 'handicapped' in relation to that job.

Employment for the disabled is not dependent on technological innovation but on the attitudes of the general public, employers, personnel officers, the medical profession, helping agencies and the disabled themselves. In *Square pegs square holes* Edwin Knight and I have produced a manual which offers a detailed procedure for matching people with limitations in physical performance to jobs which do not require effort beyond their capabilities.¹⁵ The aim of the book is to assist employers approach the employment of the disabled rationally.

It stresses matching the physical requirement of a job to the physical abilities of a person. If we can change the labels we put on people we can change the way they behave and the way we behave towards them.

One final consideration is that it is likely that many people will have to find ways of working (in Auden's terms) that are different from the work we currently link with the GNP. Our society will need to come to terms with a situation in which many people, disabled or not, will no longer be required in the workplace. This does not mean that they are, therefore, condemned to a life of 'dole bludging' or 'pension subsistence' unless we label them in that way. Life can be full, productive

14. D. CLUTTERBUCK, 'Helping the disabled pay their way', *International management*, June, 1975.

15. A.J. SCOTT, E.W. KNIGHT, *Square pegs square holes*, David Syme & Co. Ltd., Melbourne, 1980.

and useful without a person being 'employed'. There will need to be a redefinition of life roles and how the nation's wealth is to be redistributed. The answers are at once exceedingly easy and exceedingly difficult. Perhaps one contribution those who are currently labelled 'disabled' could make to the whole of society is to begin to use their talents to explore ways of being productive and finding a satisfying life in ways outside the traditional work place. Where this will lead I cannot say, but it is an exciting challenge which could, in the long term, assist us to redefine the life roles and the structure of the whole society.

THE ART OF SHARING INNOVATION

A wise man will make more
opportunities than he finds.

Francis Bacon

An important factor often overlooked in the development of technology is the need for the user to have a say in what the finished product should be like. There are lots of stories about marvellous pieces of equipment being designed which are impossible to operate as intended. Like the story of the lathe which could do all kinds of marvellous things but required its operator to be four feet high, with a reach of ten and a half feet. Anyone who has read *Choice* magazine will be aware that in the consumer area there is a lot of potentially good equipment which is let down by a serious design flaw. Usually this is because in solving one problem (often a technical or production problem) the designer forgot about other problems that this might generate for the user.

Technology designed for the use of the disabled is no less likely to have design faults than other kinds of equipment. Most equipment for the disabled is for highly personalised use. Therefore, it is not just desirable, it is essential, that people who are to use the equipment should have a say in every stage of its design, production and marketing. The trend to professional specialisation in our society has tended to generate professional paternalism. People, with every good intention, will do something for the disabled out of their own generosity and expertise, but as with the solving of problems of general consumer products, the solution may not suit the user or provide the best solution to the problem. One person who is professionally concerned with the interface between the human being and the machine is the ergonomist. Unfortunately, like the consumer, his skill is so often not used.

What we need to develop is a way to integrate the talents, knowledge and goodwill of designers, manufacturers and users. We need to break down the barriers between professionalism and user, so that together we can make life easier for those among us who have difficulty in keeping up with the rest.

BIBLIOGRAPHY

BROWN, J.W. and REDDEN, M.R., *A research agenda on science and technology for the handicapped*, American Association for the Advancement of Science, Washington, 1979 (NTIS document: PB-301-220)

CLUTTERBUCK, D., 'Helping the disabled pay their way,' *International management*, June, 1975.

COLE, K. et al, *Opportunities and handicaps - Employment prospects for disabled people in Victoria*, Victorian Employment Committee, Melbourne, 1980.

COMMUNICATIONS FOUNDATION WASHINGTON DC. *Enhanced blind employment through advanced technology*, Final report, Springfield, VA, National Technological Information Service, 1976 (NTIS document: PB-269795)

DUPEK, R.A., AYOUB, N.E., SIGELMAN, C.K., BURNS, J.R., BREWER, C.W., *Human rehabilitation technique*, Vols. I-VI, Texas Technical University, Lubbock, 1977.

FREDRICKS, H.D., 'Special education teaching technology,' *Journal of special education technology*, Vol. 2(1), pp. 4-12, 1978.

GOLDBERG, E.P., *Special technology for special children; Computers to serve communication and autonomy in the education of handicapped children*, Baltimore, University Park Press, 1979.

JOHNSEN, E.G., *Automation technology applied to public service*, Washington, National Bureau of Standards, 1976.

LA ROCCA, J. and TUREM, J.S., *The application of technological developments to physically disabled people*, Washington, Urban Institute, 1978.

ROSENBLITH, W.A., et al, *Science and technology in the service of the physically handicapped; Summary*, National Academy of Sciences - National Research Council, Washington, Division of Medical Sciences, 1976 (ERIC document: 151996)

SCHLEIFER, M.J., 'Living and learning aids; High technology and home remedies,' *Exceptional parent*, Vol. 9(1), pp. A1-2, A4-14, A16-17, 1979.

SCOTT, A.J., *The employment of handicapped people in the Australian public service*, Royal Commission on Australian Government Administration, Canberra, AGPS, 1976. Microfiche.

SCOTT, A.J., KNIGHT, E.W., *Square pegs square holes*, Melbourne, David Syme & Co. Ltd., 1980.

SOUTH AUSTRALIA. Committee on Rights of Persons with Handicaps. *The law and persons with handicaps* (Chairman: C.H. Bright) Adelaide, Government Printer, 1978.

TECHNOLOGY and the neurologically handicapped; *Proceedings of a conference held at NASA Ames Research Centre, --- September 8-10, 1971*, National Aeronautics and Space Administration, 1977 (NTIS document: N77-81581/9ST)

VISCARDI, H., *Physical and emotional demands upon disabled workers involved in the operation of complex machine equipment*, New York, Human Resources Foundation, 1960.

WOLFE, B.L., 'How the disabled fare in the labor market,' *U.S. monthly labor review*, Sept. 1980.

WOOD, P.H.N., *Classification of impairment and handicaps*, Geneva, WHO, 1975.

WOOD, P.H.N., *International classification of impairment, disability and handicap*, Geneva, WHO, 1980.

YONOVITZ, A., and MICHAELS, R., 'Electronic technology with retarded children; The concept of the training resource center,' *Journal of rehabilitation*, Vol. 44(3), pp. 16-21, 1978.

THE PLACE OF DIAGNOSIS, EARLY INTERVENTION
AND THE PREVENTION OF HANDICAP

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INTRODUCTION: IS THE NUMBER OF DISABLED PERSONS INCREASING OR DECREASING

In spite of many recent and intensive international efforts, there are, and probably always will be, handicapped citizens in our society. Although the discussions below suggest that this is a changing population, there is no doubt that the degree of handicap may be alleviated by early and thorough diagnosis and immediate help for the disabled infant and his family, and it is in this context that the term 'prevention' is used.

In 1972 the President's Committee on Mental Retardation (PCMR) made a bold and challenging statement, that 'using present knowledge and techniques from the biomedical and behavioural sciences, it is possible to reduce the occurrence of mental retardation by 50 per cent before the end of the century' (p. 31). While it is certainly true that biochemical advances and other techniques such as amniocentesis and alfa-fetoprotein (AFP) measurements have revolutionised *in utero* diagnosis, there is little real evidence that such advances are having much effect on the incidence of disabling conditions. While Clarke and Clarke (1977) suggest, quoting Tizard's (1964) earlier work, that the incidence rate of disabling conditions resulting in an IQ of below 50 points has decreased 'by about one third' (p. 524), this does not seem to be borne out by other studies. For example, the incidence rate of Down's syndrome births is often quoted at about 1/660 live births, but in recent surveys actual rates differ widely. For example, in Kushlick's (1961) oft quoted Salford study the rate is 0.9 per 1000 live births but in Drillien, Jameson and Wilkinson's (1966) study undertaken in Edinburgh the rate was found to be 1.8 per 1000. Thus, even in relatively modern epidemiological studies undertaken not too many miles apart and relatively chronologically close together, incidence rates may differ by as much as 100 per cent.

Of course, the incidence rate is only one side of the problem. When prevalence rates are taken into consideration the problem becomes even more confusing. Prevalence rates refer to the numbers of those surviving to specified age ranges, unlike incidence rates which refer to the actual numbers of live births of a specified group. Prevalence rates are useful in that they reflect survival rates of disabled persons and should indicate the effects of modern medical techniques in enhancing the health and subsequent lifespan of a disabled person. Prevalence rates of many studies from several countries spanning over half a century were compared by Kushlick and Blunden (1974). In the main these studies show fairly good agreement, and the figure of 3.7 per 1000 is

widely accepted as the prevalence rate for severely disabled persons between about ten and twenty years of age. Those with Down's syndrome, representing about a quarter to a third of persons in these studies, seem to be surviving longer and according to Stein and Susser (1971) may be the cause of a trend towards a slight *increase* in prevalence rates.

These figures provide an important key to a number of factors. For example, services for disabled persons cannot be adequately provided if we do not know the size of the population with which we are dealing. It may be too that monitoring population changes will eventually provide us with clues to the aetiology of such babies. Furthermore, the incidence of births of certain kinds of disabling conditions may be to some extent geographically biased. Finally, while it is known that the incidence of the more severe kinds of disabling conditions is generally not greater across class barriers, it is known that mild mental retardation is significantly more prevalent in the lower socio-economic groups (Stein and Susser, 1963). Of course, such findings have had massive implications for service development, including the Head Start programs in the United States, and has enormous weight in the genetic/environment debate. Further discussion of the mildly disabled, learning disabled and behaviourally disturbed will be introduced below. Here it is sufficient to say that without thorough ongoing epidemiological studies, disabled people will probably not be provided with appropriate services or living conditions.

There is a particular need for a well constructed long term epidemiological study of disabled persons in Australia including both incidence and prevalence studies in all States and Territories in both rural and urban areas. There is also the need for a full scale survey of services throughout Australia and a need for a socio-legal review of all legislation which underpins service delivery. Apart from Stoller's pioneering work, there has been a dearth of Australian studies, with the possible exception of Dykes' (1978) study of ten thousand severely handicapped children in New South Wales and the Australian Capital Territory. Dykes' ten thousand children comprised those who were qualified for the Handicapped Child's Allowance as well as those who were in full time care in either hospital, home or residential school. There were 451 diseases or disabilities causing handicap in the children, which again shows the enormous problems in monitoring causes of disabling conditions. The three main categories, however, were mental retardation (6,758; 58.6 per cent boys), Down's syndrome (1,162; 55 per cent boys) and cerebral palsy (1,419; 57 per cent boys). The Down's syndrome figures may be compared to other studies. For example, the figure of 1,162 represents 11.5 per cent of the total group of 10,077, which is considerably lower than one would expect from the other studies mentioned above. In addition, Dykes provides the ratios of Down's syndrome births

to live births in New South Wales. These figures, too, are a little disturbing since they indicate a wide variation in rates. Those figures which are older (for example 32/80,866 births in 1959 and 41/81,983 births in 1960) show remarkably low incidence rates may be misleading because of the difficulty of retracing accurate medical records; however, between 1970 and 1976 the rates varied between 79/86,162 (.92/1000) and 63/95,278 (.66/1000). These rates relate quite well to the earlier studies quoted. Although more Down's syndrome infants were born to mothers under age 36 (N = 870), 364 (N = 506) were born to mothers over this age, thus indicating from ratio data that there is a significant tendency for Down's syndrome infants to be born of older mothers. Data on age of father is not given, but in our own research (Berry, Andrews and Gunn, 1978) age of father appears to be an important factor in the occurrence of Down's syndrome.

As we have indicated, the incidence of mental retardation and other disabling conditions is not yet being adequately monitored in Australia, though the work of Dykes (1978), Stoller and Arscott (1955) and Reynolds (1976) are brave attempts at such monitoring. The need for ongoing national figures taking into account many other factors, such as the number of amniocentesis analyses undertaken, must be a research priority of the Commonwealth Government.

EARLY INTERVENTION: THE FIRST EXPERIENCE OF FAMILIES

Major disabling conditions are not usually difficult to diagnose from birth (even though some quite horrendous misdiagnoses still do occur); milder conditions, however are extremely difficult to diagnose, and this is discussed later. Here it may be appropriate to mention the very first point of early intervention, namely how the parents are told. Carr (1974) reports that many parents are very dissatisfied with the way they are told they have a disabled child and some evidence has been collected in Australia which also suggests that this may be the case here, at least to some extent. Berry, Andrews and Gunn (1978) and Berry, Andrews, Gunn and Price (1981), in their study of Down's syndrome infants and their families, interviewed thirty-one parents about how they were told and how they felt afterwards. The following quotation extracted from these reports is presented since it is one of the few contemporary Australian studies of this nature, and these statements should not be regarded simply as referring to parents of Down's syndrome infants but to other babies with disabling conditions:

In view of overseas reports (Carr, 1974; Cunningham and Sloper, 1977; Gath, 1978) which indicate that the parents of a Down's syndrome child wish to be told of the diagnosis as soon as possible, it is reassuring to find that most (22/31) of these families were told of the Down's syndrome within 24 hours of the birth and four more within the first week. It was often some weeks however before they knew the full extent of the child's other disabilities.

When these mothers described their first reactions to being told that their baby had Down's syndrome, they used words like 'stunned', 'couldn't believe it', 'numb', 'devastated', 'horror', 'upset' and 'hoped the baby would die'. Several mothers became more positive after contact with their baby - in one case, precipitated by the hospital staff who brought the baby in even though the mother had previously refused to see her. Until then, these mothers could only think of the infant as a 'monster' or a 'blob'. This contrasts with Kennedy's view that the mother of a defective baby may need a period of separation to work through the stages of the grief process. Those mothers who were separated from their baby because of the child's physical condition recalled being most upset and distressed when other mothers were feeding their babies in the ward.

This initial reaction and the course of the subsequent stages leading to positive acceptance of the baby were influenced both by the way in which news of the handicap was given and by the parent's previous knowledge of Down's syndrome. In a few cases, grandparents advised against taking the child home and this too was an extra factor influencing the mother's own reactions.

The majority of mothers expressed concern that their own obstetrician did not tell them of the baby's condition but that this was left to a paediatrician who was usually 'a complete stranger'. Indeed one mother and father resented the obstetrician telling the father that he 'had a perfect baby boy' (the child has a severe heart problem as well as Down's syndrome). One mother was grateful to a paediatrician who encouraged her to write down questions she wanted answered and who visited her every day when she was in hospital. Other mothers expressed appreciation of what the paediatrician had told them, especially when this was positive in nature and accompanied by information about the help available to them. However,

there was a tendency for the positive information to be coloured by the amiable stereotype of Down's syndrome children as being 'happy little people', 'docile', 'love music', who 'fit into a family'. A young mother with a Down's syndrome baby who was a fussy feeder, a poor sleeper, and who screamed for long periods would have appreciated a less rosy and more realistic prognosis.

In contrast, some paediatricians disturbed parents by their low expectations for these children. For example, the Down's syndrome child 'may never know her mother, never know her own name', 'will not walk until 3, may not talk until 5, if at all', 'won't need toys until 6 or 7 years of age', 'will be a baby all her life'. Another mother reported that the paediatrician had told her not to spend time or money on a heart operation if it should prove to be necessary for the child. Since parents' perceptions of what was said are often confused or distorted during the grief process, it is important that they be given repeated opportunities to clarify their first impressions of the information given them.

Impressions of nursing staff varied also. Some nurses and sisters were especially helpful (occasionally a handicapped relative was the impetus here) but many either avoided the topic of handicap, or gave incorrect information ('Down's syndrome babies cannot be breast fed'), or in the most insensitive case introduced the mother to the ward sister as 'the mother of the mongol baby'.

In several cases the mothers had previous knowledge of Down's syndrome through either reading, relatives or nursing experience. One of these mothers suspected that her baby was Down's syndrome as soon as he was born. But since it was Saturday, she worried secretly all through the weekend and was not told officially until the paediatrician came on Monday. Fortunately she found that he was very understanding and knew of agencies which could help her but it seems unfortunate that she had to endure the unnecessary emotional strain.

One couple aware of previous family experiences had decided before the birth that if the child was retarded they would not bring him home. This mother changed her mind as soon as she saw the baby but it took a few weeks for the father to adjust. In another case, a young father who had played with a Down's syndrome child when a boy, decided that the baby 'didn't ask to be born' and that her parents should look after her. This was in the face of strong opposition from his parents.

Parental stress - Later experiences

During the months following the birth, these families were subjected to additional stress, sometimes because of the child's illness and hospital admissions or most traumatic of all, because the child died. Those parents who had been warned of short life expectancy had an additional burden to carry. Some mothers were hurt and embarrassed by the attitudes of people they met, e.g. one woman in a shop 'Fancy bringing that baby out', and a doctor on admitting a child to hospital for croup 'Why isn't this child in an institution?'. There were two separations neither of which appeared to be solely related to the birth of the handicapped child. The youngest mother left the child's father (who was married to another woman). In the other case, the birth of the Down's syndrome child had been preceded by marital difficulties and the mother's mental illness.

In addition, two of the fathers were unemployed for varying periods, with one having additional financial problems because of a car accident. Two other families were affected by the difficulties of teenagers who were trying to enter the employment market, while another mother was highly anxious about her teenage asthmatic son.

It seems ironic that other sources of stress were triggered by contact with members of the 'helping professions'. Most mothers were grateful for the interest, support and programs offered by the various agencies. One mother however, felt that the professionals 'looked down' on her and another complained that they were trying to fit her into their 'preconceived notions of what a mother is'. Several others felt under pressure with their experience with other children being devalued.

It also seems that one area of support which was sometimes overlooked by the agencies was that concerning financial help. The Handicapped Child's Allowance was a necessity for some of these families (because of low income, specific infant diets, hospital visits etc.), but too many of them had to be told about the allowance by other parents or by members of this research team. Seventeen of the families were told about the allowance within the first week but for six of the remaining families, the delay was greater than three months.

In addition, the very great efforts and time which families spend in following suggested intervention programs is not always appreciated. It is common to say 'good boy' or 'good girl' and clap hands when the children achieve a goal but perhaps professionals should

become more conscious of the need to value the mother's role too and not to hasten her too quickly on to the next task.

There also appears to be a tendency to increase some mother's anxiety by putting the program ahead of the baby's comfort. Even if a baby shows extreme distress, there seems to be an assumption that to discontinue the intervention for a period or to leave out some elements of the program is to disobey the holy commandments. Yet there is little hard evidence that this assumption is justified.

THE CASE OF THE MILDLY DISABLED POPULATION

While the more severe disabling conditions of babies are generally diagnosed at birth, and parents as well as professionals spend much time in the following months and years helping the child to develop skills in the best way possible, for the mildly disabled the position is not so clear. It may not be for several years that a severely learning disabled child (for example, with a perceptual problem which interferes with basic school work) will be discovered. Also, in spite of the known relationship between mild mental retardation and socio-economic class, studies show the incidence rate to be about 8-9/1,000 of the population, whereas from the normal distribution of intelligence about twice this number would be the prevalence rate. Clearly, many children are able to 'get through the system' without being discovered at all. Even so, many dollars have been spent on compensatory education and a great debate still continues as to the effects of such intervention programs. As Clarke and Clarke (1977) have pointed out, however, 'most of these programs were neither compensatory nor educational being mainly of short duration, offering free rather than cognitive activity by mostly unskilled "teachers", and treating the child outside of his home' (p.528). It is not surprising that such programs do not work, but it is surprising that only about half of this group is readily identified. One might ask what kind of early intervention the unidentified group were given?

DO EARLY INTERVENTION PROGRAMS WORK?

The reality, however, is that all disabled persons are able to learn and develop even though such learning and development will vary widely among individuals. What is uncertain, however, is how best to effectuate early intervention. There has been a plethora of early intervention programs in

Australia which have adopted or developed the early work of several well known programs in the United States (for example Bricker and Bricker, 1970; Hayden and Dmitriev, 1975). Many of these programs in Australia seem to be inadequately documented and do not detail the elements of the program itself or its theoretical bases or even the characteristics of the babies or young children themselves. It may very well be the case that the claims of early intervention programs are correct, but why they work may not be clear. Without careful documentation and controlled scientific designs which are acceptable in the appropriate scholarly journals, claims of developmental, social and emotional gains must be treated cautiously. Any professional who raises false hopes on flimsy evidence for families with disabled children has much to answer for. In our own research we have tried to listen to parents who have reacted to the early intervention programs in which they have been involved, and the following are three extracts from interviews with three parents in our study. Although once again a Down's syndrome baby is involved, the content is not related simply to these children:

Interview 1 (Younger mother with a young Down's syndrome baby)

- M ... she wasn't getting anything out of it and I thought it might have been too much of a strain on her heart because I mean. They would wrap her up in the hammock and let her swing, you know, and she cried and she'd be all jumpy when she came out, and eh ...
- I So you thought it might have been a bit rough for her?
- M Yes, I thought it might have been the hammock; she loved the trampoline.
- I Yes.
- M I want her to mix with normal kids because she hasn't really got very many bad habits.
- I No.
- M And I don't want her to pick up any.
- I No, quite right.
- M And they said you need the other mothers to help you cope and I said, I know I'm coping, I don't feel like I need anybody else.
- I No.
- M I'm still getting there ...

Interview 2 (Older mother with a young Down's syndrome baby)

M In fact I'm going to ask the paediatrician when we go out there, see,

I Yes.

M 'Cause I feel I'm getting so far behind in everything now that you've gotta have a kind of life of your own you can't just centre everything around school times.

I What does he, does he go to pre-school .. to the playgroup?

M He goes to the playgroup once a month. Oh, I think that's good to get him used to other children, actually, because he's got mainly an older household round him, and he gets contact with a lot of children, so you know I ... and oh, the pre-school teacher that comes to the house. She's very good 'cause she sings songs and all those things, but this is play kind of thing and he enjoys that. Oh, he's not too bad in his own house, in the home when they come to the house, it's when we take him to the hospital he hates it. Even when he's with his physio at the moment because she's really good and she had him when he was born, so ...

I Yes.

Interview 3 (Mother with a teenage Down's syndrome daughter)

M Well, I think they're keen on the intervention programs because they think that they can have a development very close to the normal rate. Well, I think this is their aim really, and ... I'm not ... I didn't have that you see ... the expectations were so much lower.

I You mean ...

M The expectations were so much lower so that ...

I Well, what did you expect?

M I expected her to sort of be ... to fit in fairly naturally to a family, you see, I was thinking of her as part of a group, very much more I'm quite sure, because that was the major challenge, was to ... how to cope in a fairly normal family group ...

- I Do you think that if she hadn't been part of a large family group, you might have seen things differently?
- M Yes, I might have, it would be interesting to know, but the expectations were still low weren't they... but I think a lot of the stimulation that she got which is really not unlike ... early intervention really just from the normal imaginative play. You know as far as some of the ... for instance the equipment goes, when I think of ...
- I Did you want to have special ... toys for her or you would have ...?
- M No, they were just there ... that was the advantage of course, of being number four in the family. Special things that I bought for her were blocks of a heavier weight, which I'd been told would help her muscle development, and a few things like that, they were the special ones, but then there is a terrific lot of you know, stimulating sorts of things going on with other young children, and very imaginative play. And oh, after all it was the age of creative toys, which I think was fairly fortunate, if it had been about ten years before that, perhaps not, but oh, ...
- I You also said that your expectations were low. Do you think that that had any disadvantages?
- M Oh, it had some, but quite a few advantages too maybe because ... I feel there was probably less strain in many ways ... every little step was a ... quite an achievement, and oh, we didn't quite know what to expect, so I suppose there was sort of double joy in it probably. But I think the lack of strain around, I think is good, a great help.
- I So you really think it is more of a strain for perhaps mothers to go ...
- M Probably, but I think it depends on the mothers and how they go about it, really, and ... probably how hard they try.
- I But, in a way what you're saying is if they know that there is some kind of goal to be reached, it is perhaps some kind of mental strain for them, if they don't get there.
- M Yes, probably so, I've never really enjoyed pushing children, you know, it just isn't something that I've found came naturally, and so if I could just let them develop at more or less their own pace, with the sort of stimulation or a little ...

- I So that you are really putting the social or the family life ... as being the way ...
- M Yes, that's right, I still think perhaps now when these children start school, and the academic side, will be encouraged a lot more, for instance they'll be learning writing skills, and things at an earlier age, and perhaps it will be much more important for them to be able to hold a pencil properly and without tiring and everything much earlier than Fran, because she was fairly slow at picking up those skills ... so that could be a plus, I think.
- I Yes.

CONCLUSION

Whether rates of disabled children are increasing or decreasing and in spite of the urgent need to monitor such changes and to provide appropriate help for all disabled children and their families, there is a need for us all to bear in mind the effect of a disabled child on the whole family and an urgent necessity to concentrate on the happiness of the child in the family situation at all costs. It seems to me that while we know that disabled children can learn and develop with appropriate help, their progress through life will vary immensely from stage to stage and among individuals. While all parents should have access to help and facilities, these should be co-ordinated and consolidated. In many States, voluntary organisations, health and education departments as well as children's services all can provide help, but frequently such services are replicated and discordant. Many disabled babies and children are involved with several programs. Families are being put under strain because they realise one organisation provides schooling after early intervention whereas another offers, say, a full-time residential program. Parents are choosing services which may not suit them today, but provide something for a later date. Parents themselves complain that the times of services and their geographical placement require them to have their own transport and for some families this is quite out of the question. In a recent evaluation study undertaken by parents themselves (which must remain unreferenced) one of the main findings was the need for transport to get to the program. There is clearly no point in having a very good program if no-one can get to it or it is held at an inappropriate time. So while there is a need for epidemiological research, there is also a need for a fully comprehensive survey of the place, nature, content, rationale and need for programs of early intervention for disabled youngsters. There is also a need to carefully monitor, on a national basis, the progress of

of children through such programs and the broader effects on the family and extended family, especially the strain on the primary care giver, frequently the mother, since the switch from institutional care to life within the family must take into account its effect on those whose labour is increased by such a change. While we know that disabled children can learn, and have devised some ways and means to effect such learning, we are doing the disabled and their families a disservice if we make too great a claim of success. The need for careful, independent monitoring of such a service is critical if the lives of disabled persons in our society are to be improved.

Disabled persons comprise a substantial proportion of society, and although new and exciting techniques aimed at prevention are constantly being devised it is highly unlikely that the numbers of disabled citizens will decrease significantly over the next few decades. Members of society themselves are the greatest factor in alleviation of the stigma of disability and they can contribute by considering the person before the disability, their ability before the disability, and value, above all else, their contentment as full partners in society. We must learn not to point at my Down's syndrome friend David and not to wince when we find ourselves seated next to an impaired person in the theatre since our own inadequacy causes the pain.

REFERENCES

- BERRY, P., ANDREWS, R., and GUNN, V.P. (1978), The early development of Down's syndrome infants. Final Report to NHMRC, Australia.
- BERRY, P., ANDREWS, R., GUNN, V.P., and PRICE, C. (1981), 'Characteristics of Down syndrome infants and their families,' *Australian paediatric journal*, 17 (1), pp. 40-43.
- BRICKER, W., and BRICKER, D. (1970), 'A program of language training for the severely language handicapped child,' *Exceptional children*, October 1970, pp. 101-111.
- CARR, J. (1974), 'The effect of the severely subnormal on their families,' in CLARKE, A.M. and CLARKE, A.D.B. (eds.), *Mental deficiency: The changing outlook*, London, Methuen.
- CLARKE, A.D.B., and CLARKE, A.M. (1977), 'Prospects for prevention and amelioration of mental retardation; a guest editorial,' *American journal of mental deficiency*, 81 (6), pp. 523-533.
- CUNNINGHAM, C., and SLOPER, P. (1977), 'Parents of Down's syndrome babies; Their early needs,' *Child care, health and development*, 3, pp. 325-347.
- DRILLIEN, C.M., JAMESON, S., and WILKINSON, E.M. (1966), 'Studies in mental handicap. Part I; Prevalence and distribution by clinical type and severity of defect,' *Archives of disorders in childhood*, 41, pp. 528-538.
- DYKES, J. (1978), *Ten thousand severely handicapped children in New South Wales and the Australian Capital Territory*, Canberra, AGPS.
- GATH, A. (1978), *Down's syndrome and the family*, London, Academic Press.
- HAYDEN, A., and DMITRIEV, U. (1975), 'The multidisciplinary preschool program for Down's syndrome children at the University of Washington model preschool center,' in FRIEDLANDER, B.Z., STERRIT, G.M. and KIRK, G.E. (eds.), *Exceptional infant. Vol. 3; Assessment and intervention*, New York, Brunner/Mazel.
- KUSHLICK, A. (1961), 'Subnormality in Salford,' in SUSSER, M.W., and KUSHLICK, A., *A report on the mental health services of the city of Salford for the year 1960*, Salford Health Department.
- KUSHLICK, A., and BLUNDEN, R. (1974), 'The epidemiology of mental handicap,' in CLARKE, A.M. and CLARKE, A.D.B. (eds.), *Mental deficiency; the changing outlook*, London, Methuen.

REYNOLDS, R. (1976), 'The prevalence of known mental retardation in Queensland, Australia,' *Australian journal of mental retardation*, 4, pp. 69-73.

STEIN, Z., and SUSSER, M. (1963), 'The social distribution of mental retardation,' *American journal of mental deficiency*, 67, pp. 811-821.

STEIN, Z., and SUSSER, M. (1971), 'Changes over time in the incidence and prevalence of mental retardation,' in HELLMUTH, J. (ed.), *Exceptional infant. Vol. 2: Studies in abnormalities*, New York, Brunner/Mazel.

STOLLER, A.G., and ARSCOTT, K.W. (1955), *The mental health facilities and needs of Australia*, Canberra, Department of Health.

TIZARD, J. (1964), *Community services for the mentally retarded*, London, Oxford University Press.

SPECIAL EDUCATION
AND PREPARATION FOR EMPLOYMENT

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INTRODUCTION

The traditional idea deeply ingrained in educational thinking is that there are two types of children - the disabled and the non-disabled; the former requiring special education and the latter regular education. But the complexities of children with special needs are far more involved than this thinking suggests, and the label of 'disabled' does little to describe the particular needs of children with different disabilities.

The Warnock Report (1978) defines the long term goals of special education as being twofold:

first, to enlarge a child's knowledge, experience and imaginative understanding, and thus his(her) awareness of moral values and capacity for enjoyment, and, secondly, to enable him(her) to enter the world, after formal education is over, as an active contributor to it, capable of achieving as much independence as possible.

Not all children will achieve these goals; indeed some will not get very far toward the first goal while the second may be impossible. Yet for all children the goals are the same, though the help individual children need in progressing towards them will be different.

This paper is specifically aimed at the role of special education in preparing disabled children for employment. The quality of special education in all areas of schooling will be the determining factor in successful preparation for employment. Since the development of personal, of social, of basic skills and of vocational skills are all necessary prerequisites for employment (particularly for the disabled child) this paper will attempt to evaluate special education in those areas where we would expect those skills to be taught and mastered.

CHILDREN WITH SPECIAL NEEDS

In our society there exists a vast range of disabled children, from the child with gross multiple disabilities to the child with mild learning difficulties. To delineate such children a system of categorisation has been developed which labels children with the names of their particular disability, for example visually impaired, physically disabled, emotionally disturbed. Such labels are themselves too simplistic if we consider the variety of needs and disabilities of each child.

A particular disability varies widely in its severity from child to child and is often complicated by interaction with other handicapping conditions. Indeed children categorised under various learning disabilities may include not only

children who have disorders which interfere with their learning, but also those whose learning and behavioural problems stem mainly from the deficiencies of the learning environment in which they are enrolled.

The particular form of need presented by an individual child is not necessarily determined by the nature of any disability or disorder suffered by him/her. A non-categorisation approach to disabled children considers them in terms of their basic instructional needs, rather than in terms of their established medically derived categories.

The net effect of the 'categorisation' approach has been to encourage countless classroom teachers to become dependent on 'special education' to cope with their 'special' pupils in situations well removed from the 'normal' teaching environment. This dependency has given rise to a number of unfortunate consequences for children, including:

- (a) placing sole blame for school failure on the child and none on the 'normal' school setting;
- (b) the adverse prophetic effects of disability labelling in the course of a child's schooling;
- (c) the over-referral of slow learning and disruptive pupils out of the regular educational system.

What we ask of a category is simply that it be 'useful' in some way. So, for an educator the main purpose of classification is to allocate children to appropriate curricular or instructional systems. Teachers need to be prepared to be competent over a reasonable number of instructional systems to meet the needs of the child. The instructional systems carry the labels - but the child should not.

If the educator is to allocate the child to the appropriate instructional systems, then there is a need to develop a method of recording children who need special educational provisions. Such a record could take the form of a detailed profile of the children with special needs; a profile prepared by a multi-professional team, including teachers, a profile which listed what the child could do as well as what he/she could not. The emphasis now is not on the label but on the individual's need as a focus of action.

Parents are included as members of the multi-professional team, central participants in the assessment and decision-making regarding the education of their child.

Extent of the Need

The *Survey of special education in Australia* (1979), undertaken for the Schools Commission, collated statistics showing that approximately 2 per cent of all students in regular primary and

secondary schools had identifiable handicapping conditions, i.e. over 58,000 such students. The survey estimated that some 11 per cent of students in regular schools have learning difficulties and 3.2 per cent have behaviour difficulties to the extent that they failed to respond to the strategies usually employed in teaching and management in regular classrooms. These figures, in all, represent 424,000 children experiencing difficulties in regular schools. These figures do not include those children not labelled as being in need, who still exhibit learning difficulties and to whom support is given in a variety of ways. Nor does it include those children experiencing difficulties in almost every class but as yet unidentified. The prevalence rate of children with learning and behavioural difficulties was higher for boys than for girls in both primary and secondary schools.

SPECIAL EDUCATION : A DEFINITION

The terms 'remedial' and 'special' education may need clarifying.

'Remedial' education has traditionally been seen as an educational program designed to overcome particular disabilities, usually in the areas of reading and mathematics. The child is withdrawn from the regular classroom for part of the school day or for longer periods of two or three weeks. After remediation the child is returned to the regular classrooms.

'Special' education has been defined as the education of children suffering from mental, emotional or physical handicap which prevents them from following a 'normal' program, or alternatively as education by special methods appropriate for pupils suffering from disabilities of mind and body.

These definitions may have been acceptable in times when the regular monitoring of pupils' learning performances was specified by means of an academically oriented 'testing' and formal examination system, and the 'norms' of educational achievement were fixed by means of widespread use of standardised intelligence and achievement testing. Indeed many children were placed in special schools on just such criteria.

Most administrators and teachers today would not accept the traditional school stereotypes of teaching, learning and evaluating, preferring a broadly developmental concept of curriculum and of pupil progress.

Within this concept of education 'special' education may be defined, in the words of the Warnock Report, as 'a particular response to the complex needs of an individual child which have been assessed by appropriate professionals'. Thus access is afforded to an educational and/or physical environment appropriate to the child's special needs. This response may be

situated within the special schools, in special classes, in the regular classroom or within the regular school.

If, in this paper, we are to consider the role of special education in preparation for employment, then we need to consider not only *how* children with special needs are to receive this preparation, but also *where* - since such children are at present found in a diversity of learning environments.

SPECIAL EDUCATION IN SPECIAL SCHOOLS

Today nearly 2 per cent of the nation's children remain enrolled in special schools in classes for physically, emotionally or intellectually disabled children. This percentage appears to be in conflict with the present trend towards increased integration of disabled children into regular schools.

The Schools Commission has supported, in principle, this trend towards integration. In its report, published in 1975, the Commission stated that 'it believes that children should not be segregated from their peers unless it can be established that this is necessary, or that it provides educational advantages which outweigh the disadvantage'.

The Commission has also stated that special assistance should be provided 'in circumstances which offer maximum opportunity to operate in or be accepted by mainstream society' (1978). This then is the criterion for judgment. Children placed in special schooling need to be constantly reviewed and, where desirable, moved closer towards the mainstream.

This movement towards integration is seen as a stage in the process of achieving full community status for the disabled, to enable them to enjoy true absorption into the educational and social life of the community and into the work force.

This is not to say that special schools will disappear from the educational scene. However much we may prefer children to be in normal schools, there are almost certainly some children with such disabilities and difficulties that they need concentrated help and resources, and whose demonstrated needs can only be met by special schooling.

The strength of such schooling lies in its warm personal caring and its more individualised instruction, set in a sheltered environment. If, however, children in special schools are to move closer to the goal of becoming active participants in society and active contributors to it, then such schools may need to consciously develop strategies which will assist this movement.

Such strategies could include:

- (1) Identification of the learning difficulties and behaviours which decided that segregation was required and, in consequence, a defined individualised program of suitable teaching instruction to attack the deficits.
- (2) Participation in occupational experiences within the school and within the community. These experiences could include work study programs, work preparation centres within the school and work experience in the wider community outside the school.
- (3) Structured programs to improve literacy and numeracy skills. To increase a child's knowledge, understanding and experience of the world of work without providing him/her with the basic skills needed to participate in that world is futile. Yet it seems as if many programs, not just those in action at special schools, fail in just that area. This is not to say that every child will achieve the goals set, but each child should be given the opportunity to reach his/her individual goal without any limiting factor. Often the limits to children's performance are decided not by the child but by the teachers and other adults.
- (4) Increased emphasis on leisure activities. With the diminishing opportunities for employment for all, and particularly for disabled children, the need for more creative (and potentially financially rewarding) outlets is obvious. Yet there still appears to be more emphasis on craft as occupational therapy rather than as providing alternative employment opportunities.
- (5) The establishment of links with regular schools in the same neighbourhood. Such collaboration envisages an interchange of visits, attendance of children at specific classes, enrolment of children part-time at either school, shared resources and social experiences. The expertise of the staff at the special school would be of decided advantage to the teacher in the regular school trying to deal with children in his/her class with particular disabilities or in providing remediation for reading disabled children.
- (6) A program of social learning to be included in the curriculum. Disabled children often have such social deficits as the inability to interpret social roles, difficulty in projecting a constant image of themselves and a lack of ability to make flexible use of language to express their emotions or to bring others to their point of view. One

way to remediate for such interactional deficits is to organise programs involving peers. Links between regular and special schools are particularly important here. The child in the special school needs to model his social behaviour on the peer group, not only within his own school, but also on the peer group in the regular school.

The employment opportunities for children leaving special schools tend to be more restricted than those of disabled children from regular schools. This may be due not only to the extent of the disabilities, but also to the relevance or otherwise of the schooling to the work community, a lack of personal independence, the physical environment of the work area and the negative attitudes of some of the employing sector.

SPECIAL EDUCATION IN REGULAR PRIMARY SCHOOLS

Disabled children enrolled in regular schools were categorised in *A survey of special education* (1979). The types of disabilities included were visual, hearing, physical, mild mental retardation (IQ range 55-80) and moderate/severe mental retardation (usually with IQ's below 55).

The highest prevalence rate was 1.39 per cent for mild mental handicap. The prevalence of learning and behavioural difficulties (from a disappointing response) was 7.46 per cent in primary schools. These children (as well as those not yet identified) are being schooled either within the classroom, in special classes or in a withdrawal remedial setting. With the current move towards integration it is likely that increasing numbers of disabled children will be returning to or enrolling in regular schools. If such children are not to be disadvantaged, thought must be given to ways of achieving the optimum conditions under which such children can be catered for in regular schools.

Lloyd Dunn (1968), in an article questioning the segregation of the mildly mentally handicapped, suggested changes in the provision of special education programs and services which would provide better opportunities for meeting the needs of children with sub-standard educational performance in regular classrooms. Dunn suggested a number of principles to be followed. These included:

- (1) That disabled children should not be grouped homogeneously in schools by their descriptive labels.
- (2) That diagnosis of the learning disabled must be differential in nature.

- (3) That changes and/or improvements in regular schooling will still be required.

For example:

- (a) Organisational changes might involve such developments as team-teaching, flexible grouping within schools and upgraded primary schools.
- (b) Personal expansion will demand more para-educational staff, such as psychologists, guidance officers, visiting teachers, remedial teachers, aides and technicians.
- (c) Regular education must experience a rapid development of equipment resources and more skilled use of resources.

Dunn also referred to other necessary developments to assist integration:

- (1) Adoption of a clinical-prescriptive approach to teaching.
- (2) Development of itinerant and resource room teaching.
- (3) A general enrichment of education and related experiences for children.
- (4) The collaboration of educators with the total environment of the child. This would include, for example, concern with the home/residential circumstances of the child, efforts to improve out-of-school activities and conditions, engaging in parent and community education activities and improving the cultural exposure of children. All the above are designed to provide a stimulating and supportive environment.
- (5) Improvement in psychomotor sensory and perceptual training - of particular relevance to children with specific learning difficulties.
- (6) A review and at times updating of cognitive and language development programs, and speech and communication training.
- (7) Attention to personality and attitude development, social interaction training and vocational training.

The principles outlined by Dunn were directed toward the mildly mentally disabled child, but are applicable as well to those with behaviour and learning difficulties. The obvious environmental constraints to physically disabled children in regular

schools are not mentioned. Steps, kerbs, narrow walkways, doors that are too narrow or hard to open, toilet stalls that are too small, drinking fountains and light switches that are too high and lack of accommodation for wheelchairs are a few of the prevalent architectural constraints in schools. However, these constraints can be pinpointed and definite steps taken to overcome them. The learning constraints appear less easy to define and remediate.

The principles outlined above put daunting demands on teachers; they must be able to diagnose learning difficulties, select appropriate teaching systems and materials, cope with individual differences, manage group teaching, vary curricula, evaluate effectiveness and, as well, provide the environment to foster cognitive, social and personal development. Their ability to do this may be hindered or helped by the organisation of the school and the flexibility and decision-making ability of the administrators. The school as a whole needs to assume responsibility for the disabled children enrolled in regular classes so that the teachers will not fear that they will be held totally responsible.

The Withdrawal System

The withdrawal system is the most widely used organisational technique to remediate literacy and/or numeracy difficulties.

This system has attracted an undue outlay, both in teaching personnel and resources. The concentration of intense remediation is upon the child's weakness - and not built upon his strengths. Such withdrawal lessons are often given at the expense of other areas of physical, social and creative activities, such as art, physical education, music.

Despite the investment in dedicated teaching and in resources, a very significant number of such children enter secondary schooling still with the same deficits but now aggravated by a poor self concept and feelings of depression and guilt. The effectiveness of the withdrawal system needs to be more rigidly evaluated.

Many of the arguments for special education of disabled children being given in regular classrooms assume that the education being received by all children in regular schools is better than that being received by children in special schools. Mosley and Spicker (1975), in a paper on this topic, stated that although both regular and special education have been ineffective in the past, it is reasoned that they will somehow, through mainstreaming, become effective.

SPECIAL EDUCATION IN SECONDARY SCHOOLS

It is in the secondary setting that the need for schooling as preparation for employment is most obvious and pressing. One of the traditional roles of secondary education has been the preparation of young people for work. Yet recently there has been mounting criticism of secondary schools as being too preoccupied with preparation for tertiary study and with meeting the needs of academically oriented students, to the detriment of the larger number of students who will not move into academic professions. Such critics are pressing schools to return to an education system geared essentially for the job market and for a return to 'basics'.

In assessing the validity of this criticism it is necessary to note the way in which education is being influenced by the major social and economic changes taking place around it. Schools are being asked to accept a growing number of social responsibilities in the educating of young people that were once those of the family, including such things as sex education, consumer education, drug abuse education, media education, and now career education. Economic changes and the rapidly advancing new technology, which could well result in the disappearance of much traditional routine work, also challenge educators to prepare students to be flexible, independent, innovative and adaptable. As well, students need to have acquired personal, basic and vocational skills which will enable them to compete effectively for those jobs which are available. All students without these skills are at a disadvantage; how much more so the disabled student whose prospects of obtaining a satisfying job are already limited, not only by his disabilities, but also by social attitudes and expectations and the failure of the present school system to meet his/her educational needs.

Factors Affecting Success in the Secondary School

Most secondary schools presume that incoming students from primary schools have already mastered the basic operations of reading, writing and calculation. Those who have not are often regarded as being of low ability and subject teachers in secondary schools do not see remediation of low achievers as part of their function.

There are, as well, other factors within the secondary school structure which mitigate against the success of the disabled student. These factors include:

- (1) Secondary schools are structure oriented rather than child oriented. Such things as timetabling, period allocation, subject orientation, take precedence over student development.

- (2) The secondary curriculum is concerned with the application of basic skills, not their acquisition.
- (3) After the personalised structured setting of primary school, the unstructured and departmentalised format of secondary school makes excessive demands on disabled students.
- (4) To achieve in secondary schooling the student needs proficiency in reading, spelling, writing and language. These skills are often weak; co-ordination difficulties may affect writing and note-taking skills.
- (5) Abstract thinking skills have not developed as early in disabled students.
- (6) With the emphasis on assignments, projects and essays proficiency in written expression is very necessary.
- (7) Academic success, social interaction, peer acceptance and job performance are highly dependent on listening skills. The disabled student finds it difficult to follow directions, to handle oral information and to respond to conversations.
- (8) Secondary students are expected to assume responsibility to impose their own structures for such activities as study assignments, test reviews and study organisation; all of which present difficulties even to students without learning difficulties.
- (9) Disabled students experience significant problems in social adjustment, social perceptions, self concept and motivation. Repeated academic failure marks the personality of the learning disabled, even to the extent of the development of an aversive personality which repels. These social problems are often more of a hindrance to success in secondary schooling and in job situations than the deficiencies in basic skills.
- (10) Secondary teachers have been trained to teach subjects, and even the most concerned are frustrated by their inability to identify learning disabilities and to overcome them.

Organisation of Special Education in Secondary Schools

Special classes have been the main organising strategy to cope with disabled students in secondary schools. These classes are often only operational in Years 7 and 8 and include not only the mildly mentally handicapped but often the culturally and socially disadvantaged, as well as those children with

specific learning disabilities. Students in these classes are often disadvantaged because their segregated course of studies makes future integration difficult, and the teachers are often called upon to teach subjects beyond their competence. Many children become disillusioned and leave school at the minimum age, ill prepared to take their place in society.

If we are to offer the schooling necessary to prepare disabled students for employment we may need to design an alternative curriculum to meet their needs, and to free them of the organisational restrictions of the rest of the school, in order to implement it.

THE VOCATIONAL CURRICULUM

The five components into which the vocational curriculum may be classified are as follows:

- (1) The infusing of career information into all subject areas.
- (2) The provision of opportunities to develop as many work and leisure skills as possible.
- (3) The development of literacy and numeracy skills necessary for everyday living.
- (4) Work experience decision making relevant to students' self awareness, interests and ability.
- (5) Work experience - the interaction between school and the community, home and family - and job decision.

With work experience as the nucleus an alternative curriculum could be designed for disabled students, such a curriculum to cover Years 7 to 10 and to include the teaching of personal skills, social skills, basic skills and work and leisure skills.

The core curriculum would consist of Apprenticeship Maths, English for Living (including remedial reading) and Apprentice Science (basic requirements for entry into most apprenticeships) and Social Science for presenting knowledge of the community in which the students live.

Personal and social skills could include strategies to develop initiative, self dependence and self imposed sanctions to encourage a lessening degree of economic and emotional dependence on the family, and to increase personal responsibility in relationships and social groups.

Work and leisure skill development would vary according to the resources and personnel of the schools but could include such

subjects as technical drawing, woodwork, metalwork, motor maintenance, cooking, media studies, horticulture, photography, film making, pottery, jewellery making, screen printing, leatherwork, rug making.

For such a vocational curriculum to be implemented (and to be successful) teaching strategies and organisational structures require to be designed to suit the curriculum.

Teaching Strategies

The following list of strategies is meant only to be read as a guideline. Many teachers and schools could provide a more exhaustive and pertinent list.

- (1) A careful analysis of the complex educational needs of each individual student in the unit; such an analysis to include not only the student's weaknesses but also the strengths.
- (2) The provision of a caring and sharing environment based on personal relationships and personal responsibility. Such an environment frees students from anxiety and fear of failure, enabling them to explore their own potential and set their own goals.
- (3) Individualised instruction as far as is practicable. The involvement of parents as active partners in education (tutoring reading and mathematics) allows for more individual programs to be designed.
- (4) Intensive use of visual media as an alternative teaching tool, so compensating for usual severe reading disability.
- (5) An increasing use of modern technology for basic drill and remediation (computers, calculators, spelling machines).

Organisational Structure

The following organisational model may be defined as 'a school within a school' - a special educational unit offering a complete educational program within a regular school.

- (1) The setting up of a Department of Special Education responsible for all students in all subjects within the unit.
- (2) The use of special education teachers to teach Mathematics and English, as well as being responsible for pastoral care, counselling and the development of personal skills.

- (3) Specialist teachers from the regular school to teach specialist subjects; such teachers to be given inservice training within such areas as teaching techniques and classroom control and organisation of disabled students.
- (4) Students in vocational classes to be integrated in many of the social, sporting and workshop activities, in the school, but segregated for the core curriculum.
- (5) Vocational classes to be 'open-ended' so that students may move easily from or into classes as their needs dictate.
- (6) Core subjects to be timetabled for morning periods as far as possible.
- (7) Frequent evaluation of the program, assessing the extent to which it meets the needs of the students.

WORK EXPERIENCE AS THE CULMINATION OF AN EDUCATIONAL PROCESS

Preparation for employment in secondary schooling should not be seen as a short burst of information giving but as an active and continuing process, spread over all four years with the emphases on the student making his/her own occupational choice, based on a developed self-awareness and on his/her own knowledge of job possibilities. Work experience is a very vital part of this total educational process, extending the ability of schools to serve students by the use of a method possessed by no other educational program.

The uniqueness of work experience education lies in the fact that it can turn the business-industry complex of the community into an expensive training laboratory. Indeed, work experience education depends on community goodwill for its very existence, preeminently on the co-operation of the community's businessmen-employers. In this community training laboratory students can polish their skills and assess their capabilities under on-the-job conditions while working with adults in an adult level.

This method of training can become for its students and the community a dynamic, creative, productive force. The improved communication between business, industry and schools which results from this work experience training is increasingly important to both. By improving understanding on both sides many of the obstacles to co-operating more closely - not only in work experience programs but in vocational education generally - can be eliminated. For disabled students work experience provides the opportunity to change employers' attitudes and expectancies.

There has been some criticism that employers place too much emphasis on academic achievement as the sole criterion for assessing a school leaver's work potential and ignore other personal factors as punctuality, reliability, work orientation and motivation. An industry survey by the New South Wales Institute of Public Affairs on the collective views of employers on the quality of young recruits, indicated that employers associate desirable attitude and values such as reliability, initiative, responsibility, high moral value and self discipline with high educational attainment.

It therefore would appear that employers ask for high academic qualifications in the belief that associated with these qualifications are the attitudes and values they seek in recruits (Senate, Standing Committee, 1981).

Work experience programs for disabled students allow them the opportunity to change these beliefs and to compete on a more equal footing for those jobs which may be available. There is often a marked discrepancy between assessment of disabled students by conventional academic criteria and their actual performance at work experience as assessed by employers. Other benefits resulting from work experience for special education students are gains in self-confidence and self-esteem, a corresponding improvement in general behaviour, a changed attitude to school and the relevance of school work and the elimination of students leaving school in Year 9.

CONCLUSION

The quality of special education is of importance throughout the school years if its clients are to have equal employment opportunities when leaving school.

The prime aim of the vocational program is not the teaching of specific job skills, but the development of positive self-concepts, good attitudes towards work, realistic job expectations and confidence in the ability to achieve economic independence. The students begin to realise that the kind of person they can become is not limited by intellectual gifts, but that they too can make a worthwhile contribution to the school and to the community in which they will live.

REFERENCES

- AUSTRALIA. Committee of Inquiry into Education and Training. *Education, training and employment, Vol. 1*, Canberra, AGPS, 1979.
- AUSTRALIA. Parliament. Senate Standing Committee on Education and the Arts. *Preparation for the workforce*, Canberra, 1981.
- AUSTRALIA. Schools Commission. *The education and training of handicapped adolescents and their transition to adult society*, Canberra, 1980.
- AUSTRALIA. Schools Commission. *Report for the triennium, 1976-78*, Canberra, 1975.
- AUSTRALIA. Schools Commission. *Report for the triennium, 1979-81*, Canberra, 1978.
- AUSTRALIA. Schools Commission. *Report for the triennium, 1982-84*, Canberra, 1981.
- AUSTRALIA. Schools Commission. *Report of the Special Education Advisory Group*, Canberra, 1977.
- DUNN, L.M., 'Special education for the mentally retarded - is much of it justified?' *Exceptional children*, 1968.
- HUBBERT, G.D., *An evaluation of the education program for unemployed youth*, Canberra, AGPS, 1980.
- MOSLEY, N.J. and SPICKER, H.H., 'Mainstreaming for the educationally deprived,' *Theory into practice*, 1975.
- SCHONELL, F.J., McLEOD, J., and COCHRANE, R.G., *The slow learner; Segregation or integration*, Brisbane, University of Queensland Press, 1962.
- A SURVEY of special education in Australia; provisions, needs and priorities in the education of children with handicaps and learning difficulties, by Robert J. Andrews, John Elkins, Paul B. Berry and John H. Burge, Queensland, University of Queensland, Department of Education, Fred and Eleanor Schonell Educational Research Centre, 1979.
- WARNOCK, H.M. (Chairman). GREAT BRITAIN. Committee of Enquiry into the Education of Handicapped Children and Young People. *Special educational needs*, London, HMSO, 1978.

THE ROLE OF VOCATIONAL TRAINING
IN PREPARING DISABLED YOUTH FOR INDEPENDENT LIVING

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INTRODUCTION

In a transition stage from a low automated to a highly automated society, the placement rate of disabled persons into the workforce is decreasing. While this movement may be redressed by the National Employment Strategy for the Handicapped (NESH) commencing this year, fundamental changes are required both in attitudes held by society generally and in vocational training options available to disabled and handicapped persons. While acknowledging those rehabilitation programs required to give handicapped adults the opportunity to re-enter the workforce, the focus of this paper is to examine critically the role of vocational training as a post-secondary habilitation stage for disabled adolescents attempting to enter the workforce for the first time.

This examination is prefaced by consideration of a number of questions which influence the commitment of any society to vocational training for disabled individuals. What are some of the factors affecting youth generally in the employment area? What added difficulties are met by disabled youth? Why have vocational training for disabled youth at all? From the case developed, the role of vocational training is then examined using a systems model composed of four subunits:

1. Outside Influences
2. Training and Retraining Options
3. Employment Moderators
4. Employment Options

which are presented within an assumption that the disabled should have access to recurrent educational opportunities. From trends evident within this examination, the future role of vocational training will be discussed.

PRESSURES FACED BY YOUTH SEEKING TO ENTER THE WORKFORCE

Many factors, in recent times, have differentially affected youth seeking to enter employment for the first time (Karmel, 1980). Among the factors which have affected the opportunities of those youth who are 'at risk' or who are marginally employable, the following have had a constricting effect:

- . the steady decrease in full-time jobs since the mid 60s compared with a steady increase of youth within this age bracket;
- . the significant rise in unemployment for this age bracket;
- . economic forces at work during a recession period;

- . the relativity of juvenile wage rates to adult rates;
- . structural factors such as:
 - . low productivity of a large number of young workers;
 - . high cost associated with on-the-job training;
 - . increasing participation of women;
 - . technological changes reducing the number of unskilled and semi-skilled jobs.

ADDITIONAL DIFFICULTIES FACED BY YOUTH WHO ARE DISABLED

Disabled youth in the age bracket fifteen to nineteen years, who are without access to a soundly and systematically structured vocational training program, are at a distinct and almost insurmountable disadvantage owing to a variety of factors when attempting to enter open employment.

In addition to those factors affecting youth job opportunities generally, the following may be considered:

- . the scarcity of jobs once traditionally filled by disabled youth;
- . virtual terminal placement, once within sheltered workshops and activity therapy centres, for handicapped adolescents; while sheltered workshops have developed from grass roots, the skills, career structures and research information required to meet the level of training now necessary within these establishments for disabled youth to enter open employment have not evolved;
- . apart from the Work Preparation Centres such as those at Granville and South Yarra, there is no real tertiary stage of training for intellectually disabled youth. This situation is not so evident for physically disabled youth who have increasing access to National Association of Disabled Office Workers (NADOW), some Technical and Further Education (TAFE) courses, Colleges of Advanced Education (CAE's) and Universities;
- . generally, the bulk of disabled adolescents are from families of low socio-economic status;

the reduction in the numbers of regular eighteen to nineteen year olds entering tertiary studies. These students prefer instead to undertake apprenticeships or TAFE based studies. This shift has meant a subsequent move downwards for the youth workforce, with high unemployment concentrated among early school leavers and/or discriminated groups.

Given these pressures, the prospects of disabled youth entering the workforce are decidedly bleak and this stresses the importance of access to quality vocational training directed to the development of higher order skills to enable goals enunciated in the United Nations *Declaration on the rights of disabled persons* (1975) to be achieved.

WHY VOCATIONAL TRAINING?

Australia, in 1975, was a signatory to the *Declaration on the rights of disabled persons* in which was stated:

Disabled persons have the right to economic and social security and to a decent level of living. They have the right according to their capabilities to secure and retain employment and to engage in a useful productive and remunerative occupation.

(United Nations, 1975:284)

In this statement, the 'why' of vocational training becomes apparent. Vocational training is the link by which certain skills acquired in the education system are transferred into the employment arena to meet the stated Rights set in 1975. Here, vocational training is not used in the narrow sense, but covers work skills and work behaviours, social and interpersonal skills, communication skills, as well as functional academic skills (Brolin and D'Alonzo, 1979; Halpern, 1980; Ward, Parmenter, Riches and Hauritz, 1978). With these skills, the focus of vocational training is not simply the gaining of employment, but to be independent in both employment and social life. Naturally, as society moves to redefine the nature of employment and work, so the skills taught within vocational training need to respond flexibly.

Yet, the 'why' of vocational training may, in times to come, be under severe stress. The right previously quoted has not been echoed in the Myers Report (1980) which inquired into the consequences of technological change in Australia. While general statements prefaced the report, disabled persons received scant attention. It advised that for intellectually disabled persons, traditionally held jobs would drastically reduce, while physically disabled persons may face better employment prospects if given computer training. The shallow-

ness of these findings, contained in two or so paragraphs, reflects inversely the depth of attitude change required. Moreover, the consequences, in human cost, are drastic for the bulk of handicapped persons who are intellectually disabled. For, as Karmel (1980) argues, the consequences of technological change are not simply the solution of technological problems. Rather, the consequences of technology are human, economic and social problems, which the Myers Report did not choose to address. If left to move in the direction indicated by this Report, the employment opportunities for disabled persons may no longer remain congruent with the rights stated in 1975.

THE RELATIONSHIP OF THE EDUCATIONAL SYSTEM TO EMPLOYMENT OPTIONS FOR DISABLED ADOLESCENTS

No one point of time in the educational system marks the commencement of vocational training, for the development of some core vocational skills is to be found in the objectives set by most teachers. However, a period where vocational aspects begin to dominate many educational decisions is at entry to secondary schools. After compulsory secondary schooling some disabled students may decide (or have the decision made for them) not to enter the workforce. For others who wish to enter employment, further training is necessary to broaden employment options. This relationship can be seen in the model which follows (see over page). This model assumes that, as employment options disappear or change and require various new skills, so it is possible to retrain.

The recurrent vocational training model has four major sub-sections:

- Outside Influences (affecting adolescent disabled persons)
- Training and Retraining Options
- Employment Moderators
- Employment Options.

Outside Influences

For any disabled adolescent, outside influences directly and indirectly limit the use of training options.

Parental Attitudes

Parental attitudes can be rejecting, overprotective or supportive. For disabled adolescents with either rejecting or overprotective parents, problems of a psycho-social nature may occur. Here counselling services can help disabled adolescents and families cope with this problem, the aim being to achieve

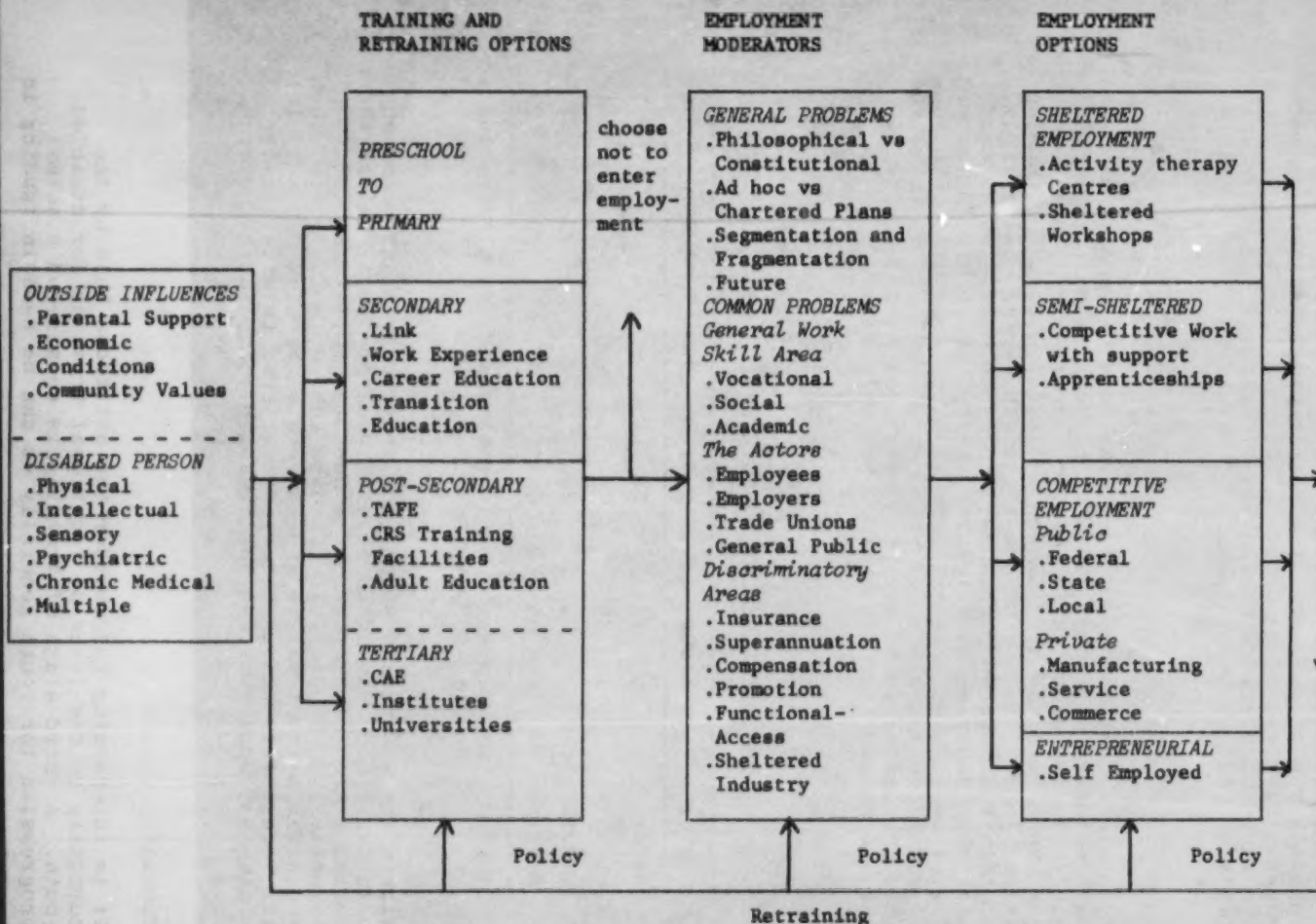


Figure 1 : A Model of the Relationship of Education : Employment for Disabled Persons (Hauritz, Delaney, Knox and Thomas, 1981)

a measure of acceptance and/or a degree of independence. Possibly though, one of the greatest problems faced by parents and disabled adolescents themselves is a lack of knowledge of the range of services available; of criteria for entry into training; and an understanding of how best to use services.

Economic Conditions

Economic conditions also affect the role of vocational training. As previously mentioned, in present conditions traditional job pools are diminishing. While Halpern (1973) has found that jobs were retained by disabled adolescents during recession times, these jobs themselves are disappearing, being replaced by highly automated machinery, and it is not to be assumed that this job pool will recover as previously was the case. Present estimates suggest there is a job loss of 10,000 jobs in manufacturing alone per year (Scott, 1979). Further, the shift in latter years has been away from manufacturing to service delivery as can be seen below in Table 1.

TABLE 1
SECTOR SHARES OF EMPLOYMENT (%) 1950-80

Sector	1950-51	1960-61	1970	1975	1980
Rural	14	11	9	7	7
Mining	2	1	1	1	1
Manufacturing	29	28	26	23	20
Service	55	60	64	69	72

Source: Department of Employment and Youth Affairs Annual Report, 1979-80:36.

Within the Australian scene, the service area has remained relatively undeveloped as a vocational prospect, unlike the United States of America which has used this area more extensively. Should this trend be echoed in Australia, then social adjustment skills should receive greater emphasis in any vocational training program developed to give greater employment opportunities for disabled youth in the service area.

Community Values

It is interesting to consider the attitudes held by the community on the issue of vocational training for disabled youth. A third stage of training is considered a normal progression for youth generally as can be seen in funding in

various tertiary stage options, e.g. TAFE, CAE's, Institutes and Universities. This amount is seen by the community to be money invested for the future as well as development essential to self-actualisation of the individual. Yet, the bulk of disabled youth do not gain the same community consideration in terms of training options if gauged on funding for post-school provisions.

For the most part there is a common community attitude that all physically disabled persons are bright and if in a wheel-chair probably wish to receive training in computer-based skills. There is also the hidden belief that generally training of the intellectually disabled is a waste of community resources. Often this is accompanied by the belief that because intellectually disabled persons are able to perform boring repetitive tasks competently, they like boring repetitive tasks, therefore this is what they should be taught to do. Further, any move to higher order skill training is sometimes seen as taking jobs from normal youth. From a training perspective there is a general hidden community attitude that because disabled youth do not meet the 'ideal', then they are entitled to only a proportion of the unearned common heritage that is available to youth who don't have disabilities.

Training and Retraining Options

Various vocational options are available within the secondary and post secondary system for all students. However, while all disabled adolescents theoretically have equality of access to all courses conducted, opportunities to undertake these courses are reduced. Here a question which is often not considered is whether or not there has been equality of opportunity in prior educational experiences to optimise access opportunities. More often than not, students have a past history of inequality of opportunity. Apart from this, other factors which can limit opportunities are:

- . set entry requirements on some courses (for example medical, educational);
- . set quotas for some courses with selection often made on the basis of a general aptitude vocational test;
- . mobility - access problems;
- . the refusal of some principals and teachers in the TAFE system to accept some disabled students into courses presently being conducted;
- . the refusal of some principals and teachers in the TAFE system to run courses for students who may be predominantly intellectually disabled;
- . lack of staff in TAFE with knowledge of skills to teach intellectually disabled students;

lack of information reaching parents on how best to utilise the services already provided;

the reluctance of some schools to consider the implementation of alternative curricula to meet the needs of those students who will not progress to tertiary level studies, but who face the same transition to adulthood.

While various course options are available (Dufty, Neal and Hinchliffe, 1979; Schools Commission, 1980), there is no coherent body of statistical information that can describe the use of these various options by disabled adolescents. This comment is not new. Most major reports in education, employment and welfare areas have reached the same conclusion (Kangan, 1975; Woodhouse and Meares, 1974). Similarly, five years later, Williams (1979:500) highlighted the dearth of information:

...it was hoped that the Committee would make a statement that would lead to the adoption of a national policy for handicapped adolescents in the post school period. Unfortunately, the information on the number of adolescents and other handicapped people and on the effects of special education in overcoming or reducing the degrees of handicap, is so fragmentary that there is at present no firm basis for the appraisal of possible national policy.

In a statistics mad society, this may be comment in itself.

Yet, even with a general lack of data in this entire area, it is obvious that the avenues available to adolescents with disabilities are not being used effectively by disabled students though, as stated earlier, these courses are technically open to all. The utility of these courses, mostly based in technical colleges, can be gauged when it is recognised that by eligibility linkages it is possible to receive training up to age twenty-four for those students accepted, but who are hard to place. That is, for those students who are 'at risk' in an employment sense, it is possible to enter a Link course at school, progress through a Work Experience Program, then be automatically eligible for the Educational Program for Unemployed Youth (EPUY). Should participants still be at risk, completion of EPUY provides automatic eligibility for Special Youth Employment Training Program (SYETP). This linkage of programs almost has the coherency of the youth guarantee approach as suggested by Karmel (1980). If this is the underlying rationale for this development for youth, then most disabled students have yet to utilise this route in any numbers or in most cases to receive any training at all past the age of fifteen to sixteen years. Kangan and Smith (1974:133-4), in referring to the role Technical Education Departments can provide in the pre-vocational and vocational areas argued:

TAFE authorities should develop the necessary facilities to cater for as many disadvantaged people as possible with appropriate learning opportunities. This procedure implements its view that vocational education and training for the disadvantaged should be available within a technical college to the extent practicable rather than in a separate institution for the disabled.

Again, this point was echoed by Williams (1979:66).

As judged from the evidence given to the Committee, the greatest deficiency in the education of the handicapped throughout Australia is the absence of co-ordinated programs of technical and further education, assessment and placement.

And indeed the recommendation (R11.35) is made by Williams (1979) that :

Commonwealth and State authorities extend existing special education programs for the handicapped beyond the statutory school leaving age and provide them in a vocational setting.

A Prototype for Tertiary Stage Vocational Training

Yet, is this the optimal route being taken by disabled adolescents? A more common route is for these adolescents to progress to sheltered workshops, activity therapy centres, or to remain at home. The former two constitute virtual terminal placement with a general decay of skills; the latter offers dependency and a pension syndrome. An alternative route that has been researched for the past five years is the gradual involvement of systematic, structured training programs at work preparation centres, which currently constitute a tertiary training stage for mildly intellectually disabled adolescents. Post school skills in vocational, social, interpersonal, functional, academic and leisure areas are taught, the closest similarity to this approach being the work/study programs provided for disabled teenagers of the age of twenty-one in schools in most States of the United States of America (Halpern, 1980).

Work Preparation Centres (WPC)

In 1974, in response to community pressures, the Commonwealth Department of Social Security, via its Commonwealth Rehabilitation Service, established two pilot work preparation centres : one at South Yarra, Melbourne, the other at Granville, Sydney. Both WPC's have had as their goals to prepare mildly intellectually disabled or developmentally delayed adolescents for an independent social and vocational

adulthood. Both WPC's are staffed by multidisciplinary teams who provide an habilitative structured training program delivered, for historical reasons, within a light industrial setting.

Within these settings, training progresses through a series of hierarchical levels moving from baseline, through acquisition, to maintenance, production and, finally, open employment. Within these levels, program content consists of work skills and work behaviours, academic and community living skills, interpersonal skills, personal living skills, as well as vocational independence skills. As trainees progress through the various levels, training moves from structured to less structured with a gradually increasing proportion of training given to the vocational skills area. At the final level, trainees are required to approximate a full work day with production demands. For the trainee, this also represents a move from dependency to greater independence.

Research to Practice

A year after commencement, both pilot WPC's were linked with University Research Teams. South Yarra was linked with Monash University, while Granville was linked with the Special Education Centre in the School of Education at Macquarie University. Since then, the Granville Work Preparation Centre (GWPC) Research and Development Project, operating within its research model (Ward, Parmenter, Riches and Hauritz, 1979a), has undertaken a range of research activities to investigate pre-vocational, vocational and post-vocational factors which directly influence program delivery at GWPC. In addition, direct technical assistance has been provided within five major areas: exemplary direct service, program development, dissemination and training, direct technical assistance, and participation in planning and resource management.

It has been found from a follow-up survey of GWPC graduates that, after an average of approximately thirteen months' training, 76.5 per cent of former trainees were in employment at least one year after leaving Granville. For those not establishing stable employment patterns, it was obvious that social and interpersonal skill training was needed (Ward, Parmenter, Riches and Hauritz, 1978). On the basis of this finding there have been developed experimental programs or curricula material for the following skill areas:

- . verbal and non-verbal communication;
- . user's manual for social skills training;
- . body awareness;
- . developing intervention programs;

- . developing and writing up program materials;
- . structured bench drill skills;
- . measurement principles in precision teaching;
- . developing audio-visual programs.

The materials provide content, structure and user information to enable individual training programs, taught in a small group setting, to be formulated and monitored. From programming experience it is suggested that social adjustment would be further enhanced if core social, communication (both verbal and non-verbal) and interpersonal skills were complementary to sound functional academic and vocational skills training as part of normal school curricula for disabled students.

To some degree, this move can be seen in the program components suggested for Transition to Work Programs now being funded via the Commonwealth Department of Education as an alternative program for Years 9-12 for interested government and non-government secondary and special schools. In 1978, a study was undertaken of the attitudes of New South Wales school principals towards the educational and pre-vocational provisions for the mildly intellectually disabled (Ward, Parmenter, Riches and Hauritz, 1979b). It was found that in a range of vocational training options, the first choice of school principals was for vocational skills training plus work experience, followed by basic academic and social skills, then craft, art and domestic science with specific job skill training being least selected and last. Thus it can be seen that the program content for Transition to Work Programs is a coalescence of the first two choices made by New South Wales principals and represents a distinct shift from the more conservative preference of basic vocational skills training plus work experience evident in 1978.

Further, it is evident from a study which sought to identify predictors of those trainees who graduate from GWPC to open employment that time lapsed before commencement of training is a discriminating variable. In fact, if trainees are taken immediately after completion of secondary schooling, there is a significantly greater possibility of a successful training outcome (Ward, Parmenter, Riches and Hauritz, 1979c).

While the Work Preparation Centres have provided an alternative route for a limited number of mildly intellectually disabled adolescents, no tertiary training stage is available for moderately or severely intellectually disabled adolescents. Various researchers have shown that complex skills can be learned by these persons with performance often equalling normal industrial performance when training is provided in specialised training programs (cf Bellamy, Inman and Schwarz, 1977). For the most part, however, persons with moderate or

severe intellectual disabilities often progress to sheltered workshops or activity therapy centres at age sixteen to receive little or no training or, alternatively, remain house or residential bound.

Training Directed to Physically Disabled Adolescents

While GWPC's objective is to give marginally employable mildly intellectually disabled adolescents skills so they may gain employment, some physically disabled adolescents can consider additional alternatives. The Commonwealth Rehabilitation Service provides treatment and training facilities such as Work Adjustment Centres and Rehabilitation Units where these trainees can develop skills to enter the workforce. The National Association of Disabled Office Workers (NADOW) offers practical, on-the-job training in office skills, often computerised. With an estimated shortfall of 5,000 computer staff (Parmenter, 1980), employment opportunities may be favourable for these disabled adolescents. Additionally, TAFE has been able to provide entry into some courses where staff and access facilities could cater for these students, as well as some courses established specifically for deaf students. However, on an Australian basis it is not known what use is made of TAFE training options by physically disabled students, although some States, for example New South Wales, have undertaken a survey to assess this.

Vocational training for semi-professional or professional careers is also available to physically handicapped persons at CAE's, Institutes or Universities. In terms of academic requirements for these options, disabled youth do have equality of entry. Some institutions then consider whether access problems or course requirements may be factors that would affect the acceptance of some students. In the United States of America, within Section 504 of Title V of The Rehabilitation Act of 1973 and P.L. 94-142, this action would possibly be seen as discriminatory and open to challenge in a court of law. Such a challenge, however, could not be made under the Australian system. As suggested by Hayes, Hayes and Rassaby (1980), there is no right to education as indeed there is no right to rehabilitation or employment, for there is not, within the Australian Constitution, these fundamental rights. In the Australian Constitution a series of Acts specify eligibility, type of service and various assistance schemes that are available, at the discretion of the Minister, for disabled persons. Thus, within the Australian parliamentary and legal system, which is based on the British Westminster system, there is not the basis for individual challenge.

In 1975, largely as a result of representation by a number of disabled students, an attempt was made to examine the problems, needs and difficulties of disabled students at Flinders University in South Australia. Funded by the National Advisory

Council for the Handicapped (NACH), Beasley and Glencross were able to broaden the inquiry to include all tertiary institutions in South Australia. Several of the major findings were:

- . the determination of the respondents to be independent;
- . the most reported difficulty was that of mobility and access;
- . lack of an initial contact person who they could identify;
- . faculties were generally sympathetic, but lacking in awareness or of realism about the extent and nature of the problems confronting handicapped students.

Beasley and Glencross (1978)

Indeed, at this time, not all tertiary institutions have policy statements that give affirmative recognition of the needs of disabled students, though the move to a greater awareness is reported by Gorman (1980).

Summary

The general findings in the training-retraining area may be summarised as follows:

- . Even for the compulsory years of education, there appears to be a lack of data on the provision and needs of disabled youth in vocationally oriented courses.
- . For the post secondary years of education, while there is a plethora of schemes and courses, it is not possible to establish how these avenues to employment are used owing to a lack of data, a commentary which runs consistently through reports in these areas.
- . No long range planning of educational provision or manpower requirements is apparent for either compulsory or non-compulsory educational areas, though there is a growing awareness of the need.
- . No long range manpower planning is apparent for teaching staff, curriculum development staff, nor course evaluation staff in the vocational educational system.

. There has been little recognition given to the broadening of vocational skill development to include the social and interpersonal aspects of life with subsequently a lack of staff with skills, credentials or career structure to implement this extended concept.

Employment Moderators

Within the recurrent educational model, a range of employment moderators has been identified. These are grouped into two major categories : one being general problems, the other termed common problems.

General problems cover such aspects as :

- . Philosophical vs Constitutional
- . Ad Hoc vs Chartered Plans
- . Segmentation and Fragmentation
- . Future directions.

Common problems are grouped under three major subheadings :

- . General Work Skill Area
 - . Vocational
 - . Social
 - . Academic
- . The Actors
 - . Employees
 - . Employers
 - . Trade Unions
 - . General Public
- . Discriminatory Areas
 - . Insurance
 - . Superannuation
 - . Compensation
 - . Promotion
 - . Functional - Access
 - . Sheltered Industry.

While not exhaustive, these moderators generally restrict disabled adolescents from gaining optimal returns from training undertaken.

General Problems

Philosophical vs Constitutional

A common, yet often unrecognised, belief held by the general community is that because disabled persons do not meet the 'ideal', therefore they are not able to be fully human (Bernstein, 1979). Such a philosophy is sometimes the underlying basis for such practices as :

- . often giving lesser pay for a job performed by a disabled person than for one performed by a similarly skilled person in open employment;
- . denying training to facilitate self actualisation for a significant proportion of disabled youth, once the years of compulsory education are completed.

As stated previously, the United States has legislation aimed to protect the constitutional rights of all its citizens and such a philosophy has allowed discrimination practices to be challenged. While Australia has not the constitutional basis from which rights can be protected, anti-discrimination legislation can, to some extent, redress some discriminatory practices (NSW Anti-Discrimination Board Report, 1979; Bright, 1978). Yet without a consumer advocacy climate, emergent independent living movements, as is evidenced in the formation of the Handicapped Persons' Alliance, or Force 10, will face greater difficulty in securing equivalent opportunities for those with disabilities.

It is also possible that, for a significant portion of the community, the need for vocational training of disabled adolescents may lessen, especially if a contracting employment market continues for youth generally. That is, rather than giving the quality training to disabled adolescents required to develop higher order saleable skills sought by employers, this group may possibly be among the first to be pressurised to seek a greater leisure component in vocational training.

Ad Hoc vs Chartered Plans

Probably the best way to describe Australia's changes on most issues is one of incremental shift. While this type of progression allows small changes to occur, often these changes lack a coherency in terms of long range planning. This is true of most spheres, and not of government alone. Of particular importance to vocational training is information on technological change, now increasingly filtering into the world of employment. What are the skills required for tomorrow? What will be the nature of work? What adjustment is needed in vocational training now, so as to meet the demands of the 80s and 90s?

Information from these areas is essential for long term planning in other areas, for *ad hoc* adjustment cannot possibly cope with the restructuring required. For example, sheltered industry has at the moment a narrow focus where contracts are often those too expensive for open employment to automate. Changes in automation do mean that sheltered industry must consider reconstruction to a broader base.

For these changes to be introduced requires longer term planning to meet the complexity of problems which exist within this sector of employment for disabled persons. Without long term planning, incremental changes will proceed haphazardly.

Segmentation and Fragmentation

A contributing factor to the problem of long term management of measures affecting the employment and thus vocational training of disabled adolescents is the segmentation and fragmentation of services. As was stated earlier, because of segmentation it is not possible to construct, at this point in time, a coherent description of disabled youth aided by various departments or non-government agencies in the educational, transition, employment or retraining areas. Further, for that group of disabled youth seeking employment, neither their composition nor previous vocational training background can be defined, as available Commonwealth Employment Service (CES) data only cover those who have sought placement through their agencies. Hence the subunits of this greater group remain inadequately described, which is symptomatic of this area.

Without this information forward planning service providers are unable to match manpower demands with training demands for an employment market which at the present time discriminates on the side of over-qualification for job entry. This lack of information is further compounded by regionalisation of some services. There are positive benefits to be gained from regionalisation, especially when the locally based service is aware of community options and sensitive to the need of its trainees. The cost, however, is at the planning level where it is not possible to gain a coherent overview of the dimension or quality of the service delivered nor of gaps remaining unserved. This breakdown then cycles back with local regions providing services, often with lack of data and subsequently on an *ad hoc* basis.

Future Directions

Apart from the effects of technological change, the other major problem to be faced in the future is competition for

the Budget dollar. Depending on amounts available, so vocational training programs for relatively inarticulate and invisible disabled adolescents will possibly come under critical review.

The Actors

The training outcomes are also moderated by deeply entrenched attitudes held by some of the 'actors' in the work scenario. Attitudes of some employees can isolate, reject or even lead to persecution of some disabled persons. Employers generally hold strong stereotypic attitudes as to what jobs may be suitable for disabled persons and this is further compounded by a basic lack of information as to what intellectual handicap is or how some physical handicaps may be reduced by technical assistance to that person. Additionally, as the nature of employment responds to technical change, so the attitude of Trade Unions to the employment of disabled persons needs to be stated.

Discriminatory Areas

Many myths surround the employment of disabled persons which recent reports have sought to expose. The consensus to be found in these reports is that employers need to be informed that disabled persons generally have lower accident rates, less absenteeism and often greater productivity rates than employees without disabilities. It has also been shown that employment of disabled persons does not affect compensation payments nor, for the most part, is job rearrangement costly (Hermann and Walker, 1978; Bright, 1978; Scott, 1980).

Additional factors also moderate employment options, for example:

Insurance: some disabled persons may face higher premiums, though overseas evidence suggests the risk is no greater (Hermann and Walker, 1978; Kindred et al., 1976). For those disabled persons in part-time work, temporary or seasonal employment, domestic work or farm labour, it needs to be established whether coverage is possible. This is further compounded by the problems of the legal status of some intellectually handicapped persons when it comes to signing for insurance protection. Further, for those disabled persons who may wish to be self employed, inability to gain some form of insurance, at a reasonable rate, may limit the chance of this occurring.

Functional - Access: employment options are moderated by the architecture of buildings and transport systems. While building regulations have been introduced, these apply to new buildings only and 'disability' architecture of itself is

still not part of architecture curricula in most tertiary level courses. While limiting job availability, access problems can also affect promotional opportunities, especially where this means location in a building with little access.

Superannuation: this factor can also limit the eventual employment sought for disabled persons, for eligibility criteria may reduce their opportunity of gaining full superannuation rights. Further, many disabled persons, especially those in sheltered industry, may have no comprehension of what eventual retirement from employment may mean and the capacity of superannuation to make a quality difference in this aspect of work-life. This is compounded by the low availability of superannuation schemes in the sheltered industry area.

Promotion: though for the most part it is not possible to gauge the extent to which disabled persons experience discrimination in promotional practices, reports such as Bright (1978) and the New South Wales Anti-Discrimination Board (1979) do indicate that the employment opportunities are moderated by employer attitudes.

That is, for the most part while the range of training options is hampered by a lack of an adequate coherent body of information to give definition to those requiring training, so those training outcomes themselves are moderated by factors beyond those which youth generally have to overcome to enter the broadest range of employment options. What then are the range of employment options?

Employment Options

A range of employment options has been considered with sheltered employment at one end of the continuum and self-employment at the other extreme. Basic areas are sheltered employment, semi-open employment and open employment. The employment subsections considered basically reflect that the more complex the skills that a person has, the greater is the range of employment options. At any point in this continuum, feedback loops to any of the three major sections allow for movement to any other employment option.

Open Employment

The benefits of open employment are not only gaining a knowledge of self worth and sufficient funds to lead to a relatively independent life physically, socially and psychologically, but it makes sweeter those mainstream life events such as leisure and retirement in early and late adulthood. The negative aspects of open employment are that skills must be progressively upgraded to meet changes brought about by redundancy and automation; that promotion is often restricted for disabled

persons and generally full superannuation or, in some cases, permanency is not granted. How receptive then are employers to disabled persons entering the workforce?

Three recent surveys of the attitudes of employers to the placement of disabled persons have arrived at a similar finding, which is that there is a lack of appreciation of the employment potential of disabled persons, as well as underemployment of disabled persons (NSW Anti-Discrimination Board, 1979; Pascoe and Lee, 1980; Ward, Parmenter, Riches and Hauritz, 1980).

In this latter survey of manufacturing, retail and service areas within the Sydney metropolitan region, it was found, in contrast with the percentage of employers willing to have adolescent school leavers (55.5 per cent) or any other new worker (48.7 per cent), only 25.2 per cent of employers were generally willing to hire someone who was disabled. When trained for a job vacant within an organisation or firm, however, 53.8 per cent of respondents agreed to the hiring of a worker who was mildly intellectually disabled. This finding gives positive support to the training approach provided at GWPC. Yet, does the reality match the promise?

When asked if their firm or organisation was currently employing persons known to be disabled, the following responses were obtained:

TABLE 2
ORGANISATIONS CURRENTLY EMPLOYING KNOWN DISABLED PERSONS

Type of Disability	Response	Manufacturing	Retail Selected Services	Total
		%	%	%
Physical	No	68.2	53.8	61.9
	Unsure	6.1	21.2	12.7
	Yes	25.8	25.0	25.4
Intellectual	No	73.4	57.7	66.4
	Unsure	14.1	21.2	17.2
	Yes	12.5	21.2	16.4
Graduates WPC or WAC	No	76.6	55.8	67.2
	Unsure	17.2	32.7	24.1
	Yes	6.3	11.5	8.6
Previous Sheltered Workshop Employees	No	74.2	55.8	66.1
	Unsure	18.2	28.8	22.9
	Yes	7.6	15.4	11.0

The overall response was negative with only 25 per cent of establishments employing physically disabled and 16 per cent employing intellectually disabled persons. Approximately twice as many physically disabled as intellectually disabled persons were employed in manufacturing, with five physically disabled to every four intellectually disabled persons employed in retail selected services. Surprisingly, the retail services had the larger percentage of intellectually disabled persons currently employed. This finding was contrary to earlier research which had indicated that intellectually disabled employees were more likely to be employed in the manufacturing sector.

This mismatch of intention as compared to practice was also found in a survey of physically handicapped blue collar workers in Western Australia by Pascoe and Lee (1980), supported also by findings of the Anti-Discrimination Board of New South Wales. In this latter study employment agencies' perceptions were compared to those of employers as to placement of physically disabled persons, and found to be discrepant.

As can be seen in Table 3, a reducing placement pattern for disabled persons emerges in the Commonwealth Employment Service's (CES) statistics, though it must be recognised that these figures do not include placements made via other avenues.

TABLE 3
CES REGISTRATIONS AND PLACEMENTS IN AUSTRALIA
FOR YEARS 1977-1980 FOR HANDICAPPED PERSONS

Year	Registration	Placement
1977-78	58,374	11,603
1978-79	46,541	9,873
1979-80	45,369	8,762

Source: Department of Employment and Youth Affairs Annual Report, 1979-80:30

While the placement to registration ratio has fluctuated around approximately 20 per cent, the overall placement has dropped over the three years by 25 per cent approximately, with ratio of adults:younger people being 2:1. Under new initiatives announced for the International Year of Disabled Persons in the Open Employment Strategy, the Department of Employment and Youth Affairs intends to increase the placement of disabled persons into open employment and maintain this movement. Whether or not this can be achieved without some proportional placement of disabled persons into the workforce is still an open question.

Sheltered Employment

For those disabled persons who wish to work, but who cannot enter open employment, sheltered industry is the other alternative. Within sheltered workshops the primary emphasis is on work skills and related behaviours. Activity therapy centres, on the other hand, should have a larger emphasis on personal, social and functional academic development. The reality is, however, that often vocational aspects receive priority. Theoretically, progression to open employment should be possible for some trainees in sheltered workshops, and from activity therapy centres to sheltered workshops once competencies are gained. As an incentive to promote trainees to open employment, a payment of \$500 is available to the sheltered workshop once that trainee has remained employed for one year. As can be seen in Table 4 below, there has been a decrease in the number of applicants in recent years, reaching a low of twenty in 1977-78.

TABLE 4

NUMBER OF INCENTIVE PAYMENTS MADE TO
SHELTERED WORKSHOPS FROM 1974-1978

Year	No. of Fees Paid
1974-75	123
1975-76	54
1976-77	44
1977-78	20

As Parmenter (1980) suggests, this serious decline may be accounted for by several reasons, among which are:

- . a worsening economic situation;
- . rising unemployment generally;
- . workshops may not feel that \$500 is sufficient reward for their efforts, particularly when they stand to lose their most efficient and productive workers;
- . the payment is made wholly to the workshops; the trainee receives no part of it.

Yet this decrease emphasizes the ambiguous position in which sheltered workshops find themselves. Are the persons who attend sheltered workshops trainees or workers? If they are trainees then there is a serious lack of structured systematic training, over an extended time, given by qualified staff to permit that person to eventually become a competent worker. If these persons

are not trainees, are they then workers? If so, then sheltered workshops generally have to come to terms with superannuation, long service leave, holiday pay, compensation, and a fair remuneration. For an average five day attendance, the \$10 to \$19.99 paid to approximately 80 per cent of sheltered workshop trainees in addition to the Sheltered Employment Allowance barely constitutes enough to cover the extra travel costs of attending the workshop met by a large number of disabled persons.

Evaluating the educational, vocational and residential programs given in sheltered workshops and activity therapy centres for moderately and severely mentally disabled in three States, Berry, Andrews and Elkins (1977) arrived at the following conclusions:

There was a need -

- . to give attention to aspects which increase the potential for community integration of the mentally handicapped, the need to provide for them in more age and culture appropriate circumstances, to maximize the involvement of consumers and the public in programs and program development and increase the use of related resources in service provision;
- . to ensure, urgently, appropriate training for staff in sheltered workshops, activity therapy centres and residential programs;
- . for some standardization and control in service delivery as evidenced in the heterogeneity found in facilities;
- . to understand the origins, development and present functions of voluntary groups.

Indeed, in many ways, sheltered workshops and activity therapy centres can be seen to be providing a quasi-tertiary stage of 'training' for disabled adolescents without the staff, skills, structured training, resources or research necessary to take on such a task. Perhaps Soloyanis' message has its place here -

My belief is that working is working, training is training, therapy is therapy, activity is activity and we don't do very much good for everybody by confusing them and mixing them up.

(Letter to the Association of sheltered workshops of NSW, January-February, 1981)

VOCATIONAL TRAINING - THE FUTURE

Of the many transitions to be made in the attainment of early adulthood, the role of vocational training is to facilitate and integrate the development of skills required to meet certain

needs. For youth, disabled or not, these vocational needs are directed towards:

- . having a lifestyle as independent as possible, in the least restrictive environment;
- . participating in mainstream life events as fully as possible, for example leisure, retirement;
- . undertaking, if desired, gainful and meaningful employment in either an open or sheltered setting;
- . undertaking quality training, accountably delivered to meet the above needs.

Popular opinion often quoted is that youth no longer has any commitment to work. Refuting this misperception, the Educational Planning Group (Aust. Commonwealth Department of Education, 1980) concluded, on the basis of Australian and overseas studies, that youth generally continued to see work as being of real importance. There is no reason to doubt that adolescents with disabilities would not have a similar orientation. Is this not one of the goals of normalisation? What has been sensed, however, is the shift in what youth seek to derive from their work. It has been observed that outcomes sought are self development and ability utilisation (Pryor, 1978). Further, interest, enjoyment and variety in work are those positive aspects sought by youth while uninteresting, boring and fruitless work is rejected (Wright and Headlam, 1976). Should youth with disabilities settle for less?

What then are the changes to which vocational training will need to be responsive? One pressure will probably be the shift from a manufacturing sector to a service sector. Such a shift means then a change in the content proportions with social adjustment and interpersonal skills receiving greater emphasis. Another pressure is the responsibility of a shorter work week with a subsequent increase in leisure time. This again stresses the need for social relationships.

An earlier retirement age is more than a probability. Again, recurrent education may need to be undertaken at various times to give added interests to cater to an extended later adulthood. With faster changes in technology, content of vocational courses may change from retention of facts to one of information location and manipulation. Here cognitive strategies, search and planning skills, and knowledge of effective information sources may become skills to receive a higher priority.

It is also obvious that sheltered industry itself must face transition. Is it to be a vocational training alternative for some disabled youth or does it constitute terminal employment? Either way, vocational training within these settings is relatively non-existent. How this training may be best incorporated is a question yet to be researched. It is evident, however, that present practices reflect the lack of manpower

planning, career structure, fair salaries or status to attract the skilled staff to deliver training. It is apparent also that sheltered industry needs to consider a broader-based development instead of the narrow focus now taken, which causes cut-throat contracting on mundane tasks which do not progress trainees either vocationally or financially.

Of most serious concern, and the one which limits the effectiveness and utility of vocational training for disabled adolescents at present, is the lack of a coherent, systematic body of data from which to plan effectively to meet the needs at all training levels. While some information will be contained within the Australian Bureau of Statistics' Survey of Disabled and Handicapped Persons this year, it is likely that the size of the standard error will limit the effectiveness of these data at a State level. This lack of data is further compounded by lack of any stated concept of tertiary stage training for the majority of disabled adolescents. Williams (1979) commented on the dearth of information or opportunity for these adolescents, yet the articulation and subsequent implementation of a tertiary stage is not evident.

We live in an exciting time, one where technology has the potential to allow more time for human relationships. No matter how work may be redefined in this time, to be able to work will still mean that one can give of oneself rather than forever receiving. Vocational training, in its broadest sense, is that learning to give. We also live in a throw-away society, in which one of the biggest gluts is humanity itself. The temptation is there for society to disregard the legitimate needs of disabled adolescents and see them as a throw-away commodity.

REFERENCES

- AUSTRALIA. Commonwealth Department of Education. The educational response to the changing needs of youth; Australia, country statement, Education Planning Group, August 1980.
- AUSTRALIA. Commonwealth Department of Employment and Youth Affairs. *Annual report 1979-80*, Canberra, AGPS, 1980.
- AUSTRALIA. Schools Commission. *The education and training of handicapped adolescents and their transition to adult society*, Canberra, Schools Commission, 1980.
- BEASLEY, V. and GLENCROSS, D., 'Handicapped tertiary students,' *National rehabilitation digest*, 1978, 2 (3/4), pp. 131-133.
- BELLAMY, G.T., INMAN, D.P., SCHWARZ, R.H., 'Vocational training and production supervision; A review of habilitation techniques for the severely and profoundly retarded,' in *The severely and profoundly handicapped child; Proceedings from the Statewide Institute for Educators of the Severely and Profoundly Handicapped*, State Board of Education, Illinois Office of Education, 1977.
- BERNSTEIN, M.C., 'The right to an adequate income and employment,' in the President's Committee on Mental Retardation (eds.), *The mentally retarded citizen and the law*, New York, The Free Press, 1979.
- BERRY, P.B., ANDREWS, R.J. and ELKINS, J., *An evaluative study of educational, vocational and residential programs for the moderately to severely mentally handicapped in three States*, Queensland, Fred and Eleanor Schonell Educational Research Centre, University of Queensland, 1977.
- BRIGHT, C.H. (Chairman). SOUTH AUSTRALIA. Committee on Rights of Persons with Handicaps. *The law and persons with handicaps; Vol. 1. Physical handicaps*, Adelaide, Govt. Printer, 1978.
- BROLIN, D.E. and D'ALONZO, B.J., 'Critical issues in career education for handicapped students,' *Exceptional children*, January 1979, pp. 246-253.
- DUFTY, N., NEAL, W. and HINCHLIFFE, E. (eds.), *Education and the world of work*, The Australian College of Education 20th Annual Conference, Perth, 1979.
- GORMAN, P., 'Attitudes towards disabled students in tertiary education,' *National rehabilitation digest*, 1980, 4 (2), pp. 19-22.
- HALPERN, A.S., 'General unemployment and vocational opportunities for EMR individuals,' *American journal of mental deficiency*, 1973, 6 (2), pp. 123-127.

HALPERN, A.S., 'Rehabilitation and educational services for mentally retarded adolescents in the United States and Australia,' *Australian journal of developmental disabilities*, 1980, 6 (4), pp. 163-166.

HAYES, S.C., HAYES, R.A. and RASSABY, A., 'Legal issues related to special education in NSW Government schools,' *The ASET journal*, 1980 (11), pp. 8-14.

HAURITZ, M., DELANEY, P., KNOX, J. and THOMAS, T., *Employment of the disabled: an examination of issues. A paper prepared for the Employment Sub-committee of the NSW Steering Committee for the International Year of Disabled Persons*, Macquarie University, 1981.

HERMANN, A.M.C. and WALKER, L.A., *Handbook of employment rights of the handicapped: Sections 503 and 504 of the Rehabilitation Act of 1973*, Washington, Regional Rehabilitation Research Institute on Attitudinal, Legal and Leisure Barriers, 1978.

KANGAN, M. and SMITH, G., *Removing post school learning barriers - handicapped people. Research report No.12. Unpublished paper prepared for Technical and Further Education Commission*, 1974.

KANGAN, M. (Chairman). AUSTRALIAN COMMITTEE ON TECHNICAL AND FURTHER EDUCATION. *TAFE in Australia; Second report on needs in technical and further education*, Canberra, AGPS, 1975.

KARMEL, P., *Social trends and development: Research into transition from school seminar. Paper presented at the Educational Research and Development Committee Seminar*, Melbourne, October 1980.

KINDRED, M., COHEN, J., PENROD, D., SHAFFER, T. (eds.), *The mentally retarded citizen and the law*, New York, Free Press, 1976.

MYERS, R.H. (Chairman). AUSTRALIA. Committee of Inquiry into Technological Change in Australia. *Technological change in Australia. Volume One: Technological change and its consequences*, Canberra, AGPS, 1980.

NEW SOUTH WALES. Anti-Discrimination Board. *Discrimination and physical handicap, Report, Vol. 1*, Sydney, Anti-Discrimination Board, 1979.

PARMENTER, T.R., *Vocational training for independent living*, New York, World Rehabilitation Fund Inc., 1980.

PASCOE, S. and LEE, M., 'Employer attitudes towards hiring physically handicapped people,' *National rehabilitation digest*, 1980, 4 (3), pp. 29-36.

PRYOR, R., The third report on the construction of the work aspect reference scale (WAPS) - Some preliminary results, Division of Vocational Guidance Services, Department of Labour and Industry, NSW, 1978.

SCOTT, A.J., *Employment and technological change*, Melbourne, ITIM Research, 1979.

SCOTT, A., 'Finishing rehabilitation,' *National rehabilitation digest*, 1980, 4 (2), pp. 26-32.

SOLOYANIS, G., 'Open Letter,' *Association of sheltered workshops of NSW*, Jan-Feb., 1981.

UNITED NATIONS. *Declaration on the rights of disabled persons*, 1975.

WARD, J., PARMENTER, T.R., RICHES, V. and HAURITZ, M., 'Adjustment to work. A follow-up of mildly intellectually handicapped adolescents who have undergone training in a Work Preparation Centre,' *National rehabilitation digest*, 1978, 2 (3/4), pp. 34-48.

WARD, J., PARMENTER, T.R., RICHES, V. and HAURITZ, M., 'The Granville Project,' *Rehabilitation in Australia*, 1979a, 16 (2), pp. 58-61.

WARD, J., PARMENTER, T.R., RICHES, V. and HAURITZ, M., 'A study of the attitudes of NSW school principals towards educational provisions for the mildly intellectually handicapped,' *Association of Special Education Teachers' journal*, 1979b, 9, pp. 30-37.

WARD, J., PARMENTER, T.R., RICHES, V. and HAURITZ, M., 'A study of predictor variables and outcomes of a rehabilitation program,' in *Proceedings of 49th Congress of Australia and New Zealand Association for the Advancement of Science*, Auckland, New Zealand, 1979c, p. 739.

WARD, J., PARMENTER, T.R., RICHES, V. and HAURITZ, M., 'A survey of employer receptivity towards hiring the mildly intellectually handicapped,' *National rehabilitation digest*, 1980, 4 (3), pp. 37-47.

WILLIAMS, B.R. (Chairman). AUSTRALIA. Committee of Inquiry into Education and Training. *Education, training and employment*, Vols. 1 and 2., Canberra, AGPS, 1979.

WOODHOUSE, A.O. and MEARES, C.L.D. (Chairman). AUSTRALIA. National Rehabilitation and Compensation Scheme. Committee of Inquiry. *Compensation and rehabilitation in Australia*, Vol. 2: *Rehabilitation and safety*, Canberra, AGPS, 1974.

WRIGHT, A. and HEADLAM, F., *Youth needs and public policies*, ACER, Hawthorn, 1976.

TERTIARY EDUCATION FOR DISABLED STUDENTS
Findings From a Brief Survey

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This paper describes the findings of a brief survey of the difficulties encountered by disabled and handicapped students in some Australian Universities and Colleges of Advanced Education in Canberra, Sydney, Adelaide and Melbourne. Focusing on the *difficulties* that these students face may seem somewhat negative. Yet 'overcoming difficulties' is a daily problem for the very few disabled students enrolled in our Colleges and Universities.

SOME WORKING DEFINITIONS

Tertiary Education has been taken to mean full-time or part-time attendance at non-vocational classes aimed at completing Diploma or Degree level work at Universities or Colleges of Advanced Education.

The disabilities covered all physical disabilities. In the interviews with respondents, intellectual disability, deafness and blindness have been excluded although the disabilities of deafness and blindness are referred to in the description of facilities that would have to be upgraded or provided if increased numbers of other disabled students such as the profoundly deaf or blind students were to be enrolled. Physical disability in the context of this survey has been taken to mean those students who are restricted in mobility regardless of causation.

BACKGROUND TO THE PROBLEM

It is important to summarise what is already known about disabled and handicapped students in tertiary education. It can be concluded that no nationwide study on disabled tertiary students has been completed in the sphere of tertiary education in Australia. However, there have been many studies related to special education¹ or to the aspirations and difficulties of education for the physically handicapped.² From these separate surveys certain facts emerge which help to give perspective to the findings of this survey. These facts are:

- (1) that there is still much ignorance about the life styles and potential tertiary educational ability of disabled people;

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1. AUSTRALIA. Schools Commission. *The education and training of handicapped adolescents and their transition to adult society*, Canberra, Schools Commission, 1980.
 2. J. HICKMAN, *One step at a time: A life triumphant over crippling disease*, Adelaide, Rigby, 1980.

- (2) that physical disability may retard the educational progress of a disabled child and adolescent so that his/her progress towards attaining tertiary educational entrance requirements will be correspondingly longer and more difficult than that encountered by the non-disabled child and/or adolescent;
- (3) that the educational achievements of disabled people tend to be lower than those of the non-disabled population and that for the disabled to attain tertiary entrance qualifications special bridging courses may be required;
- (4) that this lack of educational achievement will affect the employment possibilities of disabled people so that their initial disability is reinforced;
- (5) that the attainment of tertiary educational qualifications may go some way to improving the employment possibilities and the self esteem of disabled people;
- (6) that as a group, because of their disability, disabled students or disabled people who are potential students tend to be isolated from the remainder of the community. This isolation can be reinforced by special provision in education, work and leisure;
- (7) that disabled students or disabled people who are potential students have distinct problems which are not necessarily shared by the remainder of the non-disabled population, for example, transport, accessibility to buildings, extra expenses caused by this condition, which can often result in acute financial problems and finally problems of social integration;
- (8) that disabled people who are potential tertiary students are *not known* to University and College planning authorities and therefore, at the moment, there is no reason to plan bridging courses to enable these people to attain tertiary entry qualifications.

In this paper no attempt has been made to look at the historical development of Australian tertiary education as it affects disabled students, to discuss the administrative structures and admission requirements of Australian Universities and Colleges of Advanced Education, or to discuss aims and philosophy of tertiary education in relation to disabled students. Rather, the paper attempts to answer three questions which handicapped students known to the author regard as essential so that they can effectively undertake tertiary education. These questions are:

What are the prevailing attitudes towards disabled students on our campuses?

- . What learning facilities exist on our campuses to accommodate disabled students?
- . What architectural barriers prevent disabled students from enrolling and successfully completing tertiary education courses? and finally,
- . How can disabled people be actively encouraged to participate in tertiary education?

SOME PREVAILING ATTITUDES TOWARDS DISABLED AND HANDICAPPED STUDENTS

'Do you have any handicapped students on this campus?' Incredulity, ignorance and scepticism characterised the responses of university and college administrators to this question. 'Let's be honest ...' said one University professor, 'there are virtually no facilities for handicapped students on this campus and in the current economic climate there are not likely to be ...'. 'We don't know their needs, their talents or whether the very few handicapped students who make it to our tertiary institutions represent a mere fraction of those who could be enrolled.'

Paragraph 3 of the United Nations *Declaration on the rights of disabled persons* states that disabled persons have the same fundamental rights as their fellow citizens of the same age, which implies in particular the right to enjoy a decent life, as normal and full as possible.

The implementation of this principle, the importance of equal opportunity for disabled persons in tertiary education, cannot be overlooked. Yet if we are to be successful in ensuring equal tertiary educational opportunity for persons with disabilities, this brief survey reveals that it is crucial for the community and the tertiary institutions to see these students or potential students not as defective but as persons with the same rights and a similar spectrum of abilities as the rest of the student population. The answers to the open-ended question, 'What is your attitude to handicapped students on this campus?' reveals that the first task is for administrative staff in our colleges and universities to be much more aware of and sensitive to the different descriptions of disabilities and of the misunderstanding and frequent insult to the disabled student that can follow from lack of awareness and sensitivity.

John Hickman's experience is worth quoting because it epitomises the ignorance and misunderstanding that prevails. Hickman writes:³

3. *ibid.*, pp. 49-50.

I had been receiving an invalid pension for several years, and one morning while I was at University my mother had a visit from an officer of The Department, who explained that it was their policy to pay regular calls to all those registered with Social Services. The regularity must I feel be open to question, since this was our first and only visit from any Social Services Officer.

'John is at the University at the moment,' said my mother. 'But he should be home this afternoon, if you like to call back then.'

The officer looked blank. 'What's he doing there?' he asked.

'He's studying of course. He's taking his final Honours exam next week.'

The blank stare became blanker. 'There must be some mistake. The John Hickman I have down on my file is a severe cerebral palsy and is totally ineducable' ...

At present, many of the words used in everyday language, on campuses, in the press and in legislation perpetuate negative attitudes towards the disabled student. Interviews revealed just how important it is that ambiguities of language be clarified.

How would you describe 'the handicapped student?' was a question asked of students on College and University campuses in Canberra and Adelaide. '... well they're disabled' ... 'no they're not, they are just handicapped ... yes, I suppose handicapped ... but then they are unable aren't they?' 'What do you mean unable ... well, not really capable of successfully completing a degree without much outside help.' 'Oh, they are permanently incapacitated' ... 'I suppose handicapped people are just weak' ... 'What do you mean just weak? ... oh well, they are like people with asthma!' 'No, no, handicap means people in wheelchairs.'

These few comments collected at random give some indication of the definitions and misconceptions that still abound on our campuses. They generally emphasise the emotive nature of the concepts of disability and handicap and clearly imply that students with impairments, from the chronic disabled asthmatic to students with cerebral palsy, muscular dystrophy, spinal cord injury or students with a long term incapacitating terminal illness, such as chronic leukaemia, are somehow less worthy students or students to be pitied. This is despite the fact that outstanding students are to be found who are severely handicapped and yet have successfully completed first degrees⁴

4. V.J. BEASLEY and D.J. GLENCROSS, *Handicapped tertiary students - Problems needs and possibilities*, Adelaide, Flinders University of South Australia, 1977.

or indeed doctorates⁵ at Australian Colleges and Universities. Maybe these cases are just not sufficiently well publicised.

If college and university administrators are ill informed about the rights and abilities of the disabled student, this represents a form of prejudice that has to be amended before the student has even entered his course. The disabled student often has to overcome this prejudice before he/she encounters academic staff and college or university facilities. It may be thought that this example of prejudice on campuses is a result of the brevity of this survey or that the misunderstanding and insensitivity referred to is 'not statistically significant'. Yet evidence exists that only *one* prejudiced comment from university or college administrators has a most damaging effect on the handicapped student's desire to enrol and persist with his/her study.

Although there are historical explanations for choice of terms, it seems clear that little attempt is made on our campuses (let alone in the community at large) to replace the more antiquated references with less emotive counterparts. This survey clearly reveals that it will clearly help those disabled students in our campuses if, for example, basic distinctions can be made between the terms 'impairment', 'disability', and 'handicap'. Thus, an impairment is an anatomic or functional abnormality or loss which may or may not result in a disability. A disability is a loss or reduction of functional ability which results from an impairment. Handicap is the consequence of environmental and social conditions which prevent a person with a disability from realising his or her maximum potential. The impairment is a medical condition, disability is a functional consequence and handicap the social context and consequence. It is the social consequences and therefore the educational consequence that we are dealing with. In other words, the spinal condition of a paraplegic student is his impairment. His inability to walk is his disability. His handicap relates to difficulties in being admitted to a tertiary course, in studying effectively, achieving access to campus buildings, ultimately in finding employment, and throughout all this, in having sufficient financial resources.

Encouraging disabled students to participate in tertiary education depends on leadership and this in turn affects campus attitudes towards the disabled student. The latter are in some senses a product of history and these attitudes can still be detected in the community and on our campuses. Certainly, the early Christian paternalistic view that providing for and ministering to the disabled leads to the acquisition of moral virtue, can easily be found; and the Darwinian view that only the fittest survive is still prevalent. However, the pre-dominant and often most damaging attitude is clearly discrimination through ignorance. The difficulties therefore that these

5. HICKMAN, *op. cit.*

tertiary students or potential tertiary students face are less a problem of overt and intentional exclusion or specific physical or organisational barriers, but more a reflection of apathy to and ignorance of the needs and capacities of the disabled student on the part of the communities or campuses, as well as, of course, the 'apathy and ignorance' which disabled tertiary students recognise exist in society at large. For example, one student's story about the desire to undertake a post graduate course in the field of Counselling was that she:

encountered friendly and gratuitous advice to the effect that I must have been fortunate to successfully complete my first degree and that ... the field of human relations whether theoretical or applied would be a minefield for someone with such an obvious physical handicap ... 'why don't you be content with the employment and qualifications that you have' was the thrust of the advice of university careers counsellors ... 'I'm confident the advice would have been very different if I had not been handicapped' she said.

This handicapped student's view of the 'advice' she was given has wide implications for disabled students enrolling in tertiary institutions. For example when a disabled student has fulfilled the usual requirements for enrolment in a particular course of study, he or she clearly deserves the chance to test his abilities in that area. His/her opportunities to do so should not depend on the assumptions that a faculty adviser or a college or university administrative committee may make about disabilities which may flow from a particular impairment. On the other hand, it is important that benign discrimination be planned and where necessary justified in particular cases. For example, where disabled students take longer to complete essays, exams or assignments because of certain disabilities, such special consideration is simply providing the means by which such disabled students obtain equal opportunity in tertiary education.

THE DISTINCT LEARNING NEEDS OF THE DISABLED

The survey revealed that when the 'learning needs' of disabled students were discussed, it was essential to differentiate between problems associated with mobility and self-care and those associated with the essential communication skills of listening, speaking, reading and writing. It does appear that when the issue of facilities for the disabled student in tertiary education is discussed, then there tends to be an over-emphasis on mobility difficulties, particularly of wheelchair students, on the part of the planners. There is an apparent lack of attention to mechanical aids to communication. Such aids are, of course, essential to blind and deaf students. However, students with other types of impairment, such as

cerebral palsy or spasticity, need to have the use of cassette recorders and specially adapted typewriters if they are to be able to record lectures or tutorial discussions.

Even in these stringent times the provision of such aids should not be beyond the budget of our Colleges and Universities. On most campuses such 'communication facilities' (cassette, adaptable electric typewriters) do exist particularly in the often well endowed curriculum resource centres attached to education facilities or special education departments. However, it is the adaptation of these 'communication facilities' to fit individual student needs that is clearly lacking. It was argued that this recommended and necessary adaptation might at this time be beyond the budgets of our tertiary institutions but that 'other' associations, for example, '... the voluntary societies ...' concerned with the disabled could provide such funds. The aids suggested ranged, for example, from simple bookstands and page turners to special adapted electric typewriters and teleprinter telephones for the deaf.

On no campus was it demonstrated that the university or college administrators were carefully thinking through the learning problems facing its disabled students or potential disabled students. Rather, some willing academics and student unions are recognising the great difficulties that these disabled students face, and because this is International Year of Disabled Persons, are making *ad hoc* decisions to help these students.

No long term planning was evident. Nowhere is there anything comparable with the planning and production of special teaching materials being undertaken by Britain's Open University.⁶ For example, the Open University is engaged in the production of special teaching materials, such as scripts for the deaf and tapes for the blind. Furthermore, it has also introduced and developed the idea of personal 'helpers' at summer schools who make it possible for disabled students to participate in this valuable part of the degree course. Where, one might ask, are the summer schools, let alone 'personal helpers' at summer schools, for tertiary students on Australian campuses? To be fair Canberra College of Advanced Education has a small summer school for tertiary students, but no special provision for disabled students and this summer school is under threat of closure.⁷

What constitutes special help and counselling for these students is a vexed question. The Open University in Britain has made specialist appointments of a Senior Counsellor and Assistant Counsellor for the Disabled. Their aim is to establish a core

6. J.H. WELLS. 'Adult education and disadvantage: the special needs of physically handicapped students,' *Adult education*, 1977, 49(6).

7. F. COULTER, Personal communication, 1981.

of people who understand and can cope with the special learning difficulties of disabled students. The Open University has had these positions in operation for five years now. This year, International Year of Disabled Persons 1981, Australian Colleges and Universities are making plans to appoint *if possible* counsellors for disabled students. Their aim will be to try and establish the potential demand for tertiary education from disabled persons in the community and to identify the special learning difficulties of these students

ACCESS TO BUILDINGS

The brief survey of existing tertiary educational buildings on the campuses referred to reveals that they have not been designed with any thought for the physically disabled. Some aspects of the design of the Monash University Campus in the author's view could be regarded as an exception. The physical access to tertiary education facilities is a key issue for these disabled students or potential students in their struggle for recognition of the equal rights of disabled students. The university or college built with the physically disabled students in mind is practically non-existent. However, this survey revealed that with some minor alterations many inaccessible buildings could be made accessible to many more physically handicapped students.

For the disabled respondents in this survey, accessibility problems did not rate as the largest difficulty to be overcome and, for the less severely disabled, was not necessarily a deterrent to enrolling in classes. Difficulties of access clearly exist but need not be over-exaggerated. It is evident that minor alterations to a building would encourage utilisation of existing facilities by a greater number of disabled students.

It might appear unfair to the administrators of tertiary institutions to allege that they are complacent about the question of access. There is evidence that *ad hoc* provisions have been made from time to time when specifically requested by handicapped students.⁸ On the basis of the results of this brief survey, several recommendations can be made. These are:

- (1) That tertiary institutions realise their obligations and where practicable make provision for improvements to buildings so that the disabled person can gain access.

8. HICKMAN, *op. cit.*

- (2) That alterations *within* buildings be made so that disabled students can move around buildings with the minimum of help. This would imply a necessity for corridors, passageways, internal doorways, lifts, lift controls and even door handles to be such as to conform with the provisions of Australian Standard 1428 'Design for Access by the Disabled'.⁹ However, if 'access' within buildings includes ability of disabled students to use toilet facilities and the regulations are interpreted so as to require tertiary institutions to comply with the Standard 1428, then more difficulties will arise.
- (3) That where needed transport to classes be provided - for example, by lifts, moving walkways, ramps. There may, in this regard, be slightly different requirements for wheelchair bound and ambulant disabled students.

SOCIAL IMPLICATIONS OF DISABILITY: SOME GENERAL CONCLUSIONS

The question of access to buildings and the provision of technological aids are important considerations for the staff in tertiary institutions, but so too is the question of the disabled students' situation in our society. An awareness of the social and psychological implications of disability is necessary for the college or university lecturer or administrator, and may suggest certain objectives which should underlie this educational provision. Whereas the congenitally disabled student may have always lived on the edges of society, the student disabled in later life may find himself or herself swiftly reduced to a state of personal and financial dependency and demoted to a marginal role in society. In common with other disadvantaged minority groups, this survey revealed that disabled students do encounter some or all of the following debilitating experiences:

- (a) educational disadvantage and vocational discrimination;
- (b) low economic and social status;
- (c) prejudicial treatment by the rest of society, themselves victims of stereotyped attitudes; and
- (d) segregation from the mainstream of human activity.

9. BRIGHT. C.H. (Chairman). SOUTH AUSTRALIA. Committee on Rights of Persons with Handicaps. *The law and persons with handicaps, Vol. 1. Physical handicaps*, Adelaide, Govt. Printer, 1978.

For the disabled, however, there are additional problems. Unlike some disadvantaged adults (illiterates, for example, who may eventually acquire reading and writing skills, or housebound mothers, whose children will inevitably reach school age), many disabled tertiary students are suffering from a *chronic* condition. There may be little or no improvement throughout a lifetime. Furthermore, they feel that they have to cope with a type of sympathy that is not shown towards, for example, racial minority groups '... it is always galling to be spoken to in the tender terms usually reserved for pet dogs and cats'. Another frequent complaint by the students is that 'so many people seem to have the idea that physical disablement always carries with it some form of mental incapacity as well'. This attitude often reveals itself in talking slowly and loudly to a disabled person as if he were deaf and slow-witted, or alternatively treating him as a child, to be humoured.

Two important objectives of tertiary education, for any group, might be said to be to realise students' potential and to increase their sense of autonomy over their lives. These objectives are particularly relevant for physically disabled students and might be considered a justification for such tertiary educational provision. It is precisely because a handicapped student may be completely dependent on others for survival, or at any rate comfort, that it is important that there should be an area of activity where he is able to operate independently. It has been pointed out that the physically handicapped suffer various *limitations* which emphasise their dependent status in society.

These are the limitations and inconvenience caused by the disability itself, the limitations imposed by society through its attitudes and its social policies towards the disabled, and the resulting self-imposed limitations. All of these may conspire to turn disability into handicap. It is particularly in counteracting the self-imposed limitations of the handicapped student and those of his or her immediate society that the responsibility of tertiary education lies. Paolo Freire has popularised the process of 'conscientisation', or the raising of critical awareness in a previously oppressed group.¹⁰ It is important to anticipate that handicapped students are likely to have their aspirations and expectations raised as a result of tertiary education courses. Ultimately they will and should demand as basic rights what other people take for granted. These will include the rights of all disabled people to share in tertiary education, the right to work, the right of access to all buildings and suitable learning situations.

10. P. FREIRE, *Cultural action for freedom*, New York, Free Press, 1970; and P. FREIRE, *Pedagogy of the oppressed*, New York, Free Press, 1970.

The basic question to be resolved is how best to create a learning situation on our campuses in which the fostering of personal development and autonomy takes place against the background of necessary supportive care.

In the face of growing financial stringencies, the arguments in favour of tertiary education for the disabled and handicapped will need to be made all the more forcefully. In arguing the case for the improvement of tertiary educational facilities for the physically disabled, stress has to be placed again and again on the role that education can play in improving the lifestyle of the physically disabled. Vernon Glynn, Assistant Senior Counsellor for the Disabled at Britain's Open University, is himself a severely disabled spastic person. His comments on the importance of education and tertiary education in particular for the handicapped student, sum up the feelings of so many of the handicapped students interviewed for this survey.¹¹

The point is that the education I have managed to achieve, often through luck, or the efforts of others, has proved the key to my life. Without it I wouldn't be the person I am, for true education helps mould the person, it isn't just a matter of stuffing in facts. I wouldn't have the interests I have. I might not be married. I certainly wouldn't be working at the Open University now. I'd be another half finished person.

A question that our universities and colleges have to try and answer is how many 'half-finished persons' in the community do not have access to tertiary education because of prejudice and ignorance, because of lack of facilities and because of apathy? This survey revealed the need to locate these potential students as well as improving existing attitudes and facilities in our tertiary institutions.

11. D.J. BOSWELL and J.M. WINGROVE (eds.), *The handicapped person in the community*, London, Tavistock Publications, The Open University Press, 1978.

THE ROLE OF THE ARTS IN THE PREPARATION OF
HANDICAPPED YOUNG PEOPLE FOR ADULT SOCIETY

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Man is the most mysterious of all experiences. This is why art and science strive to make him comprehensible.

Dobzhansky

A man should hear a little music, read poetry, and see a fine picture every day of his life in order that worldly cares may not obliterate the sense of the beautiful which God has implanted in the human soul.

Goethe

The involvement of young people in the arts makes marvellous contributions to their feelings of self-worth and creates a psychological climate in which other learning can take place ... The arts are part of the way people really are, the totality of human experience ... Without this, we are really disabled, for we are denying half of human experience. The arts represent our spiritual dimension, and our efforts will demonstrate this to our culture ... and we will be more whole and a more sane people for it.

Edwin W. Martin

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INTRODUCTION

The purpose of this paper is to raise questions, propose hypotheses, challenge established assumptions and to promote discussion. It is not intended to be a report on the state of the arts as there are already national documents, the result of recent investigations. Therefore the paper will neither examine facilities nor attempt to evaluate the current services in the arts for either the handicapped or non-handicapped person, except in general terms. It is as its title states, a discussion on the role of the arts in the preparation of young handicapped persons for adult society.

As is legitimate in such papers, facts and figures are perhaps less important than concepts and philosophies. And probably, like all treatises on the arts, the paper will preach to the converted. It is doubtful that in the history of man anyone has succeeded in convincing those who have not experienced aesthetic delight in at least one of the arts that it is indeed one of the great joys afforded human beings.

It may be that we are at fault, those of us who are actively involved in the arts, in not having found the means to convince the non-believers. Do we present arguments that are too esoteric for common acceptance? Have we failed, in education circles, by not clearly defining instructional outcomes and by avoiding the educational jargon so enthusiastically employed in those subjects which our society prizes as being 'academic'? Do artists generally alienate themselves from the mainstream of intellectual endeavour by placing too much importance on innate ability? Can we comfortably sit on the pedestal reserved for the gifted, keeping above the rest of society and then expect society to accept that experiences in the arts are important for everyone, not only for those who show a predilection for artistic achievement? Are we entirely to blame for the lack of general acceptance of the arts or is it the fault of those who see the arts as the icing on the great cake of education, to be tasted only by the connoisseur?

Whatever the cause, we acknowledge the minimal role afforded the arts in the school curriculum, not only in Australia but in many countries overseas. While parents and teachers throughout the world generally acknowledge the importance of the arts, few consider them central to the educational process. Our examination system too has a significant influence. Students seeking entry to tertiary institutions compete for places on the basis of aggregate scores. Because of the general feeling, especially at university level, that those students who can prove themselves capable of academic rigour by succeeding in the sciences should be rewarded, many avoid the arts subjects, again reinforcing their secondary status. Furthermore, the objective marking of the sciences gives an advantage over the arts where subjectivity plays an important part. While it should be theoretically possible to gain 100 per cent in

mathematics, this would not be possible in art or music. Students therefore select those subjects which will enhance their chances of gaining the highest score possible.

This then leads us in a vicious circle, especially since the student teacher will, in all probability, experience marginal training in the arts during pre-service. Lack of confidence in his own abilities resulting from limited experiences in primary, secondary and tertiary levels prevents the teacher from comfortably teaching the arts. National inquiries into the state of the arts and teacher education support this view. Submissions from groups representing the arts called for increased time in teacher education so that students could receive a level of instruction which would allow them to teach the basic skills in various arts with confidence and competence.

Research into the effects of the arts on the general development of young children is only a recent development. It is hoped that it will eventually be possible to draw valid conclusions resulting in a more balanced view of the arts and their relative importance in education programs for all children, including the handicapped. It is interesting to note that much of the initial research into the effects of the arts has been directed to the handicapped population.

In the face of such obstacles, one might ask why advocates of the arts persist with the view that the arts are more than mere niceties of education. In his keynote address at the 23rd World Congress of the International Society for Education through Art, Professor Elliott W. Eisner, Stanford University, (Eisner, 1980) had this to say:

I believe it is because we recognise that the arts are rooted in man's need to give form to his experience, to come to know the world in ways only the arts can make possible. It is because we recognise what many in education are only beginning to discover, the fact that human cognition is wider than discourse and that the forms man is able to use define the scope of the reality that he can know.

Defining the Arts

The arts encompass, but are not restricted to, art, music, dance, and drama. Visual arts include painting, sculpture, photography, graphic arts and craft arts. In addition, one might consider creative writing, architecture and related fields, industrial design, costume and fashion design, films, television, radio, recordings and puppetry as part of the arts. Work related to the production or design of performances, presentation or exhibitions concerned with the arts also form an integral part of this area.

WHY ARE THE ARTS IMPORTANT TO THE HANDICAPPED PERSON?

Each paper in this publication will consciously or otherwise reflect the interests and biases of the author. This particular discussion emanates from the views of an educator whose commitment to arts for the handicapped child is the result of practical experience and a conviction that, without aesthetic experience, one is less than complete as a human being. The arts are important to the disabled person, not because he or she is disabled but because he or she is a human being.

Aesthetic Experience

It is not proposed to discuss the nature of aesthetics, for even one paper would be inadequate, but a simple definition is necessary. Aesthetics have been described as:

- . 'received by the senses'
- . 'of or pertaining to the appreciation or criticism of the beautiful', or
- . 'having or showing refined taste'.

The development of aesthetics does not occur spontaneously or through normal maturation but is acquired gradually, over time, through exposure to beauty. The acquisition of sensitivity to beauty for anyone having a sensory impairment presents particular difficulties. How does one describe the beauty of a Palestrina motet to the hearing impaired? Can the visually impaired comprehend a rainbow? Is it possible to put into words the feelings elicited by other art forms - a poem, a sculpture or a dance? Do the arts have a particular advantage because they are a non-verbal means of communication? If a disabled person has an impairment in one sense, can compensation be made through another mode? Should one consider aesthetic experience less important for the disabled person or should it assume greater significance because of the disability?

If mankind did not need aesthetic experience, if interaction with the arts did not satisfy some basic human need, how could one explain the continuing existence and development of the arts over several thousand years? It is interesting to note that 'while human personalities vary markedly and across cultures, and scientific thought differs in status and sophistication in various regions, the arts appear in roughly comparable forms in all known civilizations, and hence are pertinent to human development everywhere' (Gardner, 1973).

Aesthetic experience is believed to be, by many writers, philosophers, critics and artists, one of the best devices man has to help him adjust and adapt to his environment. For the disabled person adjustment and adaptation are essential

if he is to be able to successfully integrate with society. Furthermore, to deny anyone the opportunity to experience beauty is to further handicap him. The arts have a deliberate intention to communicate, yet often they are non-translatable through another symbol system. It is the sensory images an art work stimulates that are important. Individuals can be deeply affected by artistic works, experiencing strong emotions during either perceptual or productive activity. This aspect of affective response may therefore be more significant than verbalisation of the experience. Dobzhansky suggests that 'sensitivity to beauty and the making of beauty comprise one of man's most distinguishing characteristics'.

Sensory Development

It may be argued that, because the arts rely on sensory experience, they may be of particular significance to the disabled person who has a sensory impairment. Sensory deprivation has been shown to prevent normal maturation of psychological and physiological structures, in some cases permanently. Studies with animals (Riesen, 1966), sensorially deprived from birth, showed perceptual deficits and bizarre behaviour when the animals were exposed to a lighted environment. Other studies have shown that monotony of stimuli or isolation from stimulus are not conducive to intellectual development. The studies of Hebb (1961) led him to conclude that an animal reared in a sensorially restricted environment will not develop normally, and intellectual development will correlate with impoverished sensory stimuli. In other cases permanent neurological damage has resulted from lack of sensory input, and even when those senses have been restored limited recovery only has been achieved (Wiesel and Hubel, 1965). Deprivation-induced deficits in sensory function have been directly linked to neurological impairment (Rosenzweig, 1976). Rosenzweig's work illustrated how lack of exposure to complex environments leads to failure of neuron formation.

Several studies have attempted to determine whether specific deprivational experiences influence the entire cortex, or if only those cortical areas directly related to the deprivational situation are involved. Greenough, Volkmar and Juraska (1973) investigated dendritic branching by exposing rats to differentially complex types of environmental stimulation. The results showed a qualitative difference in dendritic branching as a function of the degree of stimulation. By analogy the hearing-impaired person, for example, who experiences a state of constant auditory sensory deprivation, would have a relatively low level of dendritic formation in the temporal cortex associated with the auditory system. This supports the view of some audiologists that unless auditory stimulation occurs early, the sound processing mechanism atrophies. If we accept that developing the senses in the young child is important to his physical and psychological development, we must agree to the principle that a disabling condition in any one of the

senses deserves special attention if use is to be made of the residual levels of that impaired sense.

Music for the deaf might seem paradoxical, but before a judgment can be made several factors need to be considered. Firstly, of the hearing impaired population in the United States of America only 10 per cent are totally deaf (Boothroyd, 1978). Let us assume similar proportions in our own hearing impaired population. The remaining 90 per cent may be assumed to have residual levels of varying degrees which, given appropriate amplification and adequate auditory training, can be utilised. Because of the wide range of sounds produced in music by hertz, decibel, spectrum, style, medium and so on, it has the potential to become an appropriate medium for auditory training. The hearing impaired child may never 'hear' music in the same way as the hearing person, but listening to music may prove to be a satisfactory sensory experience. Making it possible for him to become aware of sound and giving him opportunities to learn to discriminate sounds, with the assistance of amplification, becomes important if he is to know something of the hearing world.

Secondly, we need to recognise that if the child is not supplied with appropriate prosthetic devices, and given early auditory training, his hearing mechanism will not only fail to develop but may eventually atrophy, rendering the sense completely useless. Hearing acuity develops through normal maturation and the stimulatory experiences of the auditory mechanism, together with the child's acquired ability to discriminate sound. Music may therefore have a particular potential for the child with a hearing loss.

One can apply similar logic to the visual sense. Not so long ago it was believed that the visually impaired person could cause further deterioration by using his residual sight. Fortunately this view is no longer held and the visually impaired child is encouraged to use the sight he has. The visual arts in their many and varied forms become particularly appropriate in stimulating the child to use his sight to its maximum potential. For the totally blind person art forms which have shape and texture as a feature may be used to increase the person's concept of his environment. It ought to be possible for the blind to feel many art works in exhibitions. Beauty is said to be in the eye of the beholder but this is a somewhat superficial and narrow concept. If we allow ourselves to believe that beauty is in the mind of the beholder, then beauty of form becomes as available to the blind person as to the seeing individual.

The kinaesthetic pleasure derived from movement, particularly through dance, might seem unattainable for some physically disabled, especially those confined to wheelchairs. This sense is important to the development of all young children because it provides them with information about their bodies and its response to their environment. The young handicapped child

ought to be encouraged to acquire skills of rhythmic movement which are within his capabilities so that partial participation at least is possible.

Educators, parents and caretakers of handicapped children have frequently been responsible for limiting the potentials of their children by concentrating on the handicap and the restrictions it may impose. There is a need to look positively at the abilities the child has which will allow participation rather than at the disability that prevents it. The child in a wheelchair can enjoy movement and dance just as he has proved himself capable of participating in a variety of sports. We must acknowledge that negative expectations and a lack of imagination on the part of the teacher can be a greater handicap than the disability.

Sensory development is important for all children and the arts - music, dance, drama and visual arts - appear to have the potential to provide experiences that will be rich and varied. Such encounters may equip him to enjoy further experiences in adult life.

Skills for Leisure Time and Recreation

For many disabled persons, particularly those confined to institutions, being able to be usefully employed during leisure time is highly desirable; but for this to occur, structured teaching of appropriate behaviours and skills needs to be taught, over a long period. That is, a well defined, sequential curriculum in the arts needs to be developed for this population. According to Brown (1980), 'the parameters of the longitudinal educational services provided severely handicapped students during the first twenty-one years of life are functionally related to the quality of general functioning in adulthood'. If we consider the arts important to society in general and having benefits to the handicapped in particular, we need to acknowledge the importance of the role of the arts in the education of the young handicapped. The Warnock Report (1978) expressed similar thoughts. 'The arts may be helpful in bridging the two domains (school and adulthood) if sufficient experience has been afforded the child during the education years, especially if, during that time, he has had the opportunity of seeing the arts at work in adult societies.' The principle of partial participation and the need for varieties of adaptations that will enhance participation are critical concepts for the development of curricula in the arts for the handicapped. The choice of materials, experiences and teaching and learning methods will depend on the objectives and the nature of the child's disabilities.

Adapting activities, materials, skill sequences, devices and rules can enhance participation by making the processes less complex and less restrictive. It has long been an accepted practice to provide subtitles for films having dialogue in a

foreign language. In this instance, the non-handicapped person becomes handicapped and adaptations are made for him. How long will it take for sign language to be presented in films or on television, for example, alongside the newsreader, for the adult deaf society for whom signing is their natural language?

For many disabled persons, because of the restrictions their disabilities place on them, and the further difficulties created by society in not making modifications to allow greater interaction, there are long periods of inactivity. Teaching children skills in the arts, either as participants or as observers, can provide leisure/recreational skills which can be carried into adulthood. Environmental adaptations which permit easier access to public facilities are also necessary if greater use is to be made of leisure time. Wheelchair ramps, hydraulic lifts on public buses, large doorways, blinking fire-alarms, braille identification symbols, and adapted playground equipment not only facilitate the movement into society of the disabled but encourage social interaction with the non-disabled members of society.

The Process of Normalisation and Rights of the Handicapped Person

The normalisation principle is the current philosophy and model advocated for contemporary health and educational services. It has evolved as a means of minimising social deviance and, loosely defined, is the use of normative means to achieve normative objectives and dictates a normative societal perception of the handicapped individual (Wolfensberger, 1972).

We have seen how the non-disabled person is handicapped when a foreign language is used and how society has accepted the adaptation of subtitles on a film. We acknowledge that, in the dark, the seeing person is more handicapped than the blind. This may lead us to conclude that the disabled person is basically normal, with some individual differences. That is, it is not the disability that makes a person deviant, but rather society's value and interpretation of that disability. If society values education and academic achievement, the retarded person is viewed as being deviant. By changing the perceptions or values of society by minimising individual differences, and by maximising those attributes common to the human species, the disabled person can be seen as 'equal' but 'different'. His rights to equal opportunities in education and in the social situation then become unquestionable.

'The function of education ... is ultimately the self-actualization of a person ... the development of the fullest height the human species ... can attain ... The arts ... must become basic experiences in education ... This intrinsic education may have arts education, music education and dance education as its core' (Maslow, in National Committee, Arts for the Handicapped, 1975). In acknowledging the rights of

the disabled individual to normative treatment, one sees the arts as having an important place in their educational programs. Wolfensberger maintains that the concept of normalisation includes the achievement of culturally normal behaviour by the handicapped person through exposure to art forms provided by the community in which he lives. Within this principle, the community arts centre may constitute an important element in improving the quality of life for handicapped as well as non-handicapped individuals (Rockefeller, 1977). Wolfensberger further states that all handicapped individuals 'should be given the opportunity to acquire behaviours similar to those acquired and utilized by regular people in any community'. The arts form an integral part of society and community life and therefore should be made available to the handicapped.

The importance of the arts in the education of the disabled child has followed a changing view among educators that the arts can be important for all children, not only the talented (Kukuk and Sjolund, 1976). While research in the arts is a recent phenomenon, various studies have investigated arts for the handicapped. Smith and Perks (1978) summarised the research findings of substantive studies. They concluded the following:

- i. Handicapped children have made substantive gains in cognitive, affective, and aesthetic areas through participation in arts activities.
- ii. The arts can provide alternative learning approaches for children whose problems interfere with adjustment to more traditional classroom situations.
- iii. Essential work behaviours and important skills for successful work performance can be learned through the arts.
- iv. Aesthetic education can help handicapped individuals to use leisure time effectively and to avoid social isolation.
- v. The arts can be a potent factor in integrating handicapped and non-handicapped individuals by breaking down barriers of fear and discrimination.
- vi. The arts can constitute significant resources in helping students understand and appreciate various cultures and different ethnic groups.
- vii. The arts can be a medium of communication and stimulating experiences for children with sensory impairments.
- viii. Art activities can reveal the conflicts and tensions of children with behavioural and emotional problems, and can enable teachers and parents to deal with

these problems in a more understanding way. The use of arts activities with these groups can help to contain acting-out tendencies by permitting a format for ventilation of feelings.

- ix. Creative arts can contribute to a positive self-image.
- x. The arts help meet the need for personal expression that is experienced.
- xi. Art work requires and thus fosters discipline. It also creates motivation in students because of the pleasure it brings.

The establishment of the National Committee, Arts for the Handicapped in the United States of America has been responsible for further recognition for the arts. In its report of 1975 the Committee declared it 'a moral, civil and legal right' for handicapped persons to receive a level of services in the arts equal to that of the non-handicapped child. The committee presented statistics showing the disparity of services at that time. While approximately 75 per cent of non-handicapped children received educational programs which included the arts, only 10 per cent of their handicapped peers received arts input.

The Warnock Report (1978) expressed views on the rights of the handicapped to such services in several sections:

Our approach to preparing such young people for adult life, whatever the nature or degree of severity of their disability, disorder or other difficulty, is based on the view that they should be given the chance to reach the highest level of achievement possible for them.

Unless we ensure that the disabled child has available to him a level of services in the arts, at least comparable to services to his non-disabled peers, this will not become a reality.

Research and its Effects on the Status of the Arts for the Disabled

There is a paucity of research examining arts for the disabled both in Australia and overseas. In an effort to assess, evaluate and identify research needs in the arts, the National Committee, Arts for the Handicapped (*The arts and handicapped people ...*, 1977) produced several findings of interest. Kalenius (1977) reported that of 554 identified references to arts for the handicapped, only 138 studies could be defined as research. Of these, 38 per cent focused on the mentally retarded. There were no studies relating to the deaf, blind, or learning disabled. Music and art accounted for 70 per cent of the total with dance, drama and the arts in the remaining

30 per cent. While Kalenius himself acknowledged that the handicapped 'can learn the various art forms and progress socially, educationally, and rehabilitatively through exposure to arts', he believed the studies he reviewed were not sufficiently numerous to support such claims. Major obstacles he saw were lack of acceptable definitions in the arts and art forms, weaknesses in research design and a seeming inability to develop a research methodology appropriate to the arts.

Artists and musicians interested in research in their field recognise a basic problem in the conflict between the nature of art and the nature of science. Art can be seen as a unique way of doing while science represents a unique way of knowing. By reducing the arts to a level of scientific objectivity the essence of the art, which is generally subjective, may be lost. A second reason for lack of continued and longitudinal research in the arts stems from the limited number of researchers who are sufficiently knowledgeable in both the art and the scientific method. Most of the studies carried out are for the purpose of a doctoral dissertation which is often the only research effort of an investigator.

Furthermore, quality research in the arts has frequently suffered from limitations created by poor definitions, questionable research methodology and unreliable techniques for analysis of data. Lack of dialogue between administrators, teachers and researchers has often prevented practical research being undertaken. Research should evolve from the needs of the client rather than the interests of the academic, because practical solutions are required in the classroom.

While researchers such as Rockefeller (1977) refer to the need to recognise the importance of the arts as central to the individual's learning experience in or out of school, empirical research findings are needed to justify such claims. In addition, research may be able to provide the materials and methods necessary to make the arts a vital part of the handicapped child's education. Appell (1980) suggests that in studying arts for the handicapped, 'researchers will become contributors to a life of the senses, emotions and imagination for all handicapped people'.

If musicians and artists are to convince educators, administrators and parents of the value of experience in the arts to the disabled child in order that he may continue this interest as an adult, they must be prepared to assist in research. It is not enough for us to 'know' the arts can have a beneficial effect on the quality of life of the disabled person. We must be prepared to try to prove this is so.

HOW THE ARTS INFLUENCE THE YOUNG DISABLED PERSON

Early Intervention

In a previous section of this paper it has been proposed that unless an effort is made to stimulate the various senses at an early age, the senses will not only fail to mature normally but in some cases will deteriorate to a point where reversal is impossible. Early detection becomes crucial in identifying the primary physical or mental handicapping conditions. Attention then has to be given to the secondary disabilities which may result from the primary condition. Providing appropriate medical treatment and prosthetic aids can be followed by an intervention program specifically designed for the child. While such programs are a comparatively recent innovation, there is sufficient evidence from successful early intervention programs to suggest that continued research and improved methods will provide beneficial services for this special population from such programs.

Irrefutable research evidence has been presented in the last five years that early intervention can greatly reduce the developmental and learning deficits of high-risk and disabled children (O'Connor, 1977).

Currently, such programs tend to concentrate on developing skills in sensori-motor, language, motor, self-care and social skills. Within each of these areas there is an opportunity to use various arts as the teaching tool. Through movement and dance activities the child can learn to manipulate his body and to develop concepts about space, locomotion, symmetry, shape, direction and so on. Through drawing, painting, sculpting and other craft activities he can develop manipulative and motor skills, calling on his visual abilities to provide information. From listening to music and learning to play musical instruments and to sing he can develop auditory acuity and motor and conceptual skills. By listening to or being involved in poetry, stories or play productions he can learn about the dramatic potentials of his voice and body.

Each of the arts provides opportunities to develop language, motor and social skills as well as encouraging listening, looking and feeling. Through interaction with the arts, from the very first encounters with nursery rhymes and children's songs, the handicapped child's aesthetic development can be nurtured. Early interaction with and participation in artistic endeavours will assist intellectual development. Early intervention programs will become of age when they incorporate the arts as a necessary and vital component.

Let us consider one of the arts in detail to illustrate its potential. How can music influence the young handicapped child's development? Through music, the child can be taught

to become more consciously aware of sound, to learn to discriminate different sounds, to understand the subtleties of one sound - recognising high and low sounds, soft and loud, melody and harmony, texture, rhythms, different timbres produced by various mediums, concordant and discordant sounds. He will learn to relate sounds to their sources and make use of this knowledge by becoming more sensitive to his environment. This may occur through listening to recorded music, by watching instrumental performers or by playing instruments himself. At all times, but especially for the disabled, it is well for us to remember that 'it doesn't matter how well we play. The fact that we play is important' (Kaplan, 1966). With the hearing impaired child, by using a multi-sensory approach, by teaching him to feel the vibrations of the instrument as the sound is produced and by watching the instrument as it is played, additional information is supplied to his auditory sense by the tactile and visual senses.

By using his body creatively, even when there is some degree of disability, the physically handicapped child can experience the pleasures of moving to music. Being able to see dance performances can give him an insight into the potentials of body movement. Even if his body is incapable of sophisticated movement, an appreciation of dance can develop an interest as an observer which can be carried into adulthood.

People learn to hear musically by being given the opportunity to learn how to listen to the rhythms and melodies we call music. People learn to experience the art of movement by having the opportunity to learn how to dance. In short, the potentials of the human mind do not develop isolated from a fertile environment, but in interaction with it (Eisner, 1980).

If we hope to develop in our disabled children an interest and appreciation of the arts for when they reach adulthood, we must provide the necessary experiences for them, even at the level of partial participation in their early years of education. Through childhood we should ensure that the disabled child experiences the arts as a creator, as a member of an audience, as a critic and as a performer. Only through living the artistic process can he understand it. 'Intuition in art is actually the result of prolonged tuition' (Shahn, 1980). By incorporating the arts in early intervention programs we will enrich the learning process of these children and more adequately prepare them for adult society. We might also give thought to the many disabled musicians and artists who have contributed to the enrichment of the non-disabled persons' aesthetic development.

Arts and the Severely Handicapped

Most disabled children, given systematic instruction, are capable of developing satisfactory skills in the arts. For

the severely handicapped, who comprise approximately 5 per cent of the disabled population, the arts have generally been given cursory treatment except at a therapeutic level. It has been assumed that this population could not learn the skills necessary to participate in a variety of recreational pursuits, including the arts. Since the early 1970s the work of Lou Brown, Marc Gold and others has illustrated that this group is capable of being taught a variety of skills previously considered unattainable.

Severely handicapped students require a large number of direct instructional trials over a short period, using one-to-one instruction, before reaching a satisfactory level of independent functioning. Once this level is attained, small group instruction can be used. The success achieved in training the severely handicapped in assembly work is to be applauded. However, in addition to teaching skills that are functional we ought to ensure that other skills, which are for the purpose of enjoyment, are included in the educational process. There is little evidence of the arts being taught to the severely handicapped, yet they offer the opportunity of teaching specific skills which can be generalised into other learning situations. When a person spends so much of his lifetime learning to overcome a disability, there is a strong rationale for providing him with learning experiences that are pleasurable or which may help to minimise his disability.

A further consideration is the growing support for the severely handicapped to have opportunities to interact with their non-disabled peers. Children learn from imitating each other. Many leisure time activities are acquired through unstructured learning, through unplanned interaction and by observation, by non-disabled children. When the disabled person is segregated, he has only the limited repertoires and inappropriate actions of other disabled people to observe and to imitate. Given systematic instruction and the opportunity to imitate the more appropriate actions of his non-disabled peers, these may assist in learning. Interaction with non-disabled children may provide the potential instructional advantage of having access to appropriate models.

The arts could provide an ideal medium for integrated learning experiences for both the disabled and the non-disabled, the latter providing a desirable model, and the former an opportunity to learn how to interact constructively with the severely handicapped. Integration and mainstreaming will only succeed if both groups learn from and about each other.

Self-esteem

For the less severely disabled, being aware of their differences from other members of society often causes loss of confidence. For the learning disabled child, the knowledge that he is unable to maintain the standards of his peers results in psychological

pressures that make his learning even more difficult. The arts allow the child to participate in experiences that can be non-threatening. Many arts activities, such as music and dance, allow the child to become absorbed in the group. Subjective evaluation of these and other art forms enables the teacher to concentrate on the positive aspects of the work produced, allowing the child to gain confidence in his abilities. Perhaps it is also significant that frequently one hears of the handicapped child who shows particular skills or interests in an art form. For example, some autistic children have found music a medium through which they can communicate. Is it some special talent or is it the result of working in a non-competitive atmosphere which, when repeated over time, allows confidence to develop? One has to acknowledge that the disabled have a normal probability of being creative and the means should be provided for them to express their abilities.

Increasing social contacts with non-handicapped persons in such activities can help to increase the personal dignity of the handicapped child as he sees himself functioning in a similar way to his non-handicapped peers. It is important that these children feel they are useful and appreciated members of society. It is as important for him to see his art works displayed as it is to view works of others. Barlow (1977) stated that the advent of art activities, including festivals and exhibitions, has 'helped pave the way for change in negative, deleterious, erroneous and stereotyped attitudes long held by the general public'.

Social Integration

In addition to peer interaction in art activities, the young handicapped person needs to have the opportunity to mix with society at large by attending arts festivals and exhibitions, play performances, concerts, displays and other forms of community art involvement. Through such encounters, two major purposes are achieved. Firstly, each experience in the arts under differing circumstances broadens the child's concepts of both beauty and the environment, of which he should be made to feel a part. Secondly, more tolerant attitudes may be developed by the public, and misconceptions and irrational fears of the disabled and handicapped be dispelled, as the disabled become more noticeable in public venues. 'The community at large regrettably tends to think of people with obtrusive disabilities as less than human in their emotional and social needs' (Warnock, 1978). Perhaps coming into contact through the arts will help lay a foundation for a better understanding of those in our society who are in some way different.

HOW CAN ARTS FOR THE DISABLED BECOME A REALITY?

Who Are the Handicapped and the Disabled?

The word handicapped has been defined as 'any disadvantage that makes success more difficult'. Traditionally, the population has included the intellectually impaired, the emotionally disturbed, the sensory impaired (the blind and the deaf), the physically disabled, the socially disabled and that group known to have learning difficulties. Recently, the term 'exceptional' has been applied to the total disabled population, not to mean 'superior or above average' but in the context of being 'unusual, not following the rule'.

United States legislation, through Public Law 94-142, section 504 (1973) defines an handicapped individual as

any person who has (A) a physical or mental impairment which substantially limits one or more of such person's major life activities, (B) has a record of such impairment, or (C) is regarded as having such impairment.

Australia has no such mandate. Children are determined to be handicapped according to a variety of definitions, individual to each State. Despite numerous reports published in the 1970s which expressed concern for the status of the handicapped child, no major changes have occurred, and outdated legislation from as far back as the 1930s has not yet been repealed. If the status of the disabled child is to be improved and equal education opportunities to become a reality, legislation which ensures that services in education are provided by qualified teachers, at the very minimum, must eventuate. It is also imperative that appropriate screening tests be devised which will ensure early detection. Australia could look to those countries whose mass screening programs have been effective, such as Sweden.

Where Will the Disabled be Found?

Disabled children receive full-time or part-time special education services in a variety of settings. Those having mild disabilities will be found in regular classrooms, having assistance from itinerant specialists. Those children whose disabilities are diagnosed as moderate may attend a segregated class within a regular school, providing they function adequately in such a setting. Special schools, both government and non-government, exist for blind, deaf, multi-handicapped, spastic, autistic and retarded children. Residential schools and institutions which provide twenty-four hour services are attended by the severely and profoundly disabled. Hospital

schools and day-care centres provide additional services. Currently, there is no information on the availability of art experiences in these settings.

By Whom Are the Disabled Educated?

In *A survey of special education in Australia* (1979), it was reported that a significant number of teachers in non-government and government special schools were without teaching qualifications. An even larger proportion had no specific training in special education - in non-government special schools, 54 per cent, and in government special schools, 20 per cent of teachers. Clearly, there is a need for this special population to have teachers who are both qualified and who have had additional training in appropriate strategies for the learning disabled. Teaching technology and research have shown the handicapped to be capable of learning a variety of skills, and we can no longer justify the provision of custodial care without educational programming. 'Preparation for life should have as its firm goals the achievement of quality of life comparable to that of a non-handicapped individual' (Neale, 1977). Recommendations in the Warnock Report (1978) make similar statements: '... pupils with special education needs, whether they are in ordinary or special schools, should acquire the basic educational skills'. It further states that 'both ordinary and special schools should give pupils with special education needs more help to acquire the basic skills and to develop social competence and vocational interests'.

We live in an age of technology and specialisation. The basic teacher education programs, including those with special education units, cannot prepare teachers adequately for the special needs of the disabled. Even well-established courses, such as the one year course for teachers of the hearing impaired, are of insufficient duration for the specialist knowledge required. Such courses in the United States of America have long ago been superseded by two year masters programs.

While one recognises the increased cost in extending training for teachers working with the disabled, quality of product ought to be a major consideration. There is no doubt that, currently, technology is outstripping man's ability to use it because training courses are of insufficient time to allow adequate dissemination of new findings. This appears to be a major problem in education because of the importance of the human element.

Some thought might also be given to the training of curriculum specialists who could be available as resource personnel in particular areas within special education. It is generally recognised that the arts, for example, are more satisfactorily

taught by those with some level of specialisation. Services in the arts for non-disabled children have been assessed as being minimal. *A survey of special education in Australia* (1979) findings showed that few schools used for special education had 'adequate facilities for music or art'. One might then reasonably assume that art experiences for the handicapped are deficient. Lack of pre-service training for many teachers of the disabled, fewer with special education qualifications, lack of experiences in the arts for the teachers themselves and inadequate facilities for experiences in the arts do not present a promising picture.

In a survey on Arts for the Handicapped, Appell (1980) made the following recommendations:

1. More rigorous investigation needs to be directed toward the arts for handicapped.
2. Preservice and inservice teacher training in arts for the handicapped is desperately needed, emphasising attitudinal change and enhancement of knowledge.
3. Increased research efforts must be directed to practical applications of various art forms.
4. The use of the arts for self-actualisation and the provision of academic skills should be researched in tandem with the aim of providing for individual needs as well as societal objectives e.g. basic education and community maintenance skills.
5. Emphasis on implementation of P.L. 94-142 should be accompanied by the development of curricular and educational materials for individual programming for the handicapped.

While these conclusions are drawn from the American scene, their applicability to the Australian situation is obvious. In Britain, courses are already established for teachers of the arts in the special education setting, for example at the Dartington College of the Arts.

If the various arts are to be introduced within the special education curriculum, further training for teachers will be necessary in pre-service, post-service and in-service courses. Many teachers of the disabled support the concept of aesthetic education for their children, but have inadequate experience themselves to introduce it without assistance. A further problem is created by the pessimism of some specialist teachers, notably musicians, who question the desirability of teaching handicapped children in regular music rooms (Randolph, Cooper, Curtis and Redelheim, 1975). Forsythe and Jellison (1977) produced research findings that suggested many music teachers are 'anxious and unprepared to teach the

handicapped'. This and other studies supporting the same view (Stuart and Gilbert, 1977; Nocera, 1972) suggest the need for pre-service teacher training to prepare teachers more adequately for interaction and positive attitudes to the disabled. Specialist teachers in the arts and special education teachers at this time appear to be mutually exclusive.

What Should the Aims of an Arts Program Be?

In recent years there has been a dramatic change in attitude towards children's art work, with the recognition that what is created by the child is a unique form of self-expression which adds another dimension to the art of our society. Imaginative music educators too have followed a new and exciting path by encouraging the unconventional use of instruments and sound. Studies have shown the younger the child, the more inventive his ideas, the more ingenious and resourceful his approach to solving problems, including those which arise through interaction with the arts.

Being a teacher of the arts demands more than is required of the artist. A teacher is called upon to be an advocate for his children, to ensure that he develops in them, not only a level of artistic skill and a gradual understanding of aesthetic concepts, but also an appreciation of the individualism that constitutes artistic expression. The child has to know the satisfaction, not only for the final product but for the means employed in producing it. The teacher of the arts needs to be mindful that he is not seeking to produce art works from children so much as producing children for whom the arts are significant.

Early encounters with the arts can provide those sensory experiences essential for normal maturation in the young child. For disabled and handicapped children it offers special advantages. Sensitive teachers will be able to capitalise on the young child's lack of conformity and his inimitability, thereby producing unique works.

Government Assistance

When an area of education appears to be lacking, there is generally a demand for further funding. Financial assistance is neither the only, nor even the prime concern here. Making greater use of existing facilities, resources and manpower, and reviewing present teacher training programs assume greater significance.

The recent wave of activity within tertiary institutions, especially colleges of advanced education, to upgrade teaching diplomas to graduate courses has not been without casualty areas, the arts being one. Time previously allocated to the arts has been seriously eroded to make way for additional

units in philosophy, psychology, research methods and single units in special education, once more reinforcing the superiority of the sciences to the arts.

Parents, educators and advocates for the disabled should call on those government bodies responsible for approving teacher education courses to ensure that the arts are sufficiently represented, especially in primary pre-service and special education courses. Specialist teachers in the arts are relatively few, so the responsibility of arts instruction lies with the classroom teacher. It is therefore imperative that a level of instruction be given in these two teaching areas that will enable teachers to instruct in the arts at least at a basic skills level. In-service courses for existing special education teachers, given by artists with some special education background themselves, might be valuable. Teachers of the arts should also have included in their training instruction in special education techniques which will allow them to successfully interact with the handicapped, with the assistance of their regular teacher. Tertiary institutions could assist both disabled children and their teachers by providing facilities for research into arts at doctoral levels.

Lecturers in tertiary institutions also require assistance in understanding the difficulties of the young disabled person. The Warnock Report (1978) recognised that special training should be given to lecturers in establishments for further education in order that they might teach young people with disabilities.

Ensuring Availability of the Arts to the Disabled

Provisions in new buildings for easier access for the disabled are now becoming more common. Many established facilities for the arts, public art galleries, museums, exhibition halls, town halls, theatres and so on are still not accessible, and therefore require architectural modifications. Despite the call for mainstreaming, or integration, many school buildings still lack the facilities for the physically disabled to be readily integrated.

Wide doorways, ramps, toilets, elevator buttons with raised numbers, auditory signals, drinking fountains of suitable height, braille versions of programs, parking provisions and interpreters are some of the adaptations to be considered. If we are to provide genuine accessibility, we also need to make the disabled feel welcome. We need to recognise that the disabled population includes the elderly, the underprivileged and minority groups, and to give consideration to their needs. While making available appropriate educational opportunities for the disabled to experience the arts, and modifying facilities for easier accessibility, we may also need to make deliberate efforts to expand their awareness of what the community has to offer them in the arts.

COMMUNITY ASSISTANCE AND INVOLVEMENT

Accessibility

Local government authorities, community bodies, theatre groups, government sponsored galleries and adult education groups could assist the disabled to participate in arts functions, exhibitions, festivals and courses by giving special consideration to venues. If accommodation can be found which has appropriate facilities for the disabled and if such groups are advised of special events by being included on mailing lists, there are benefits to both the disabled people and the sponsors. In many cases, minor adaptations to usual organisational arrangements could enable the disabled to participate in many community functions.

In the United States of America in recent years attention has been directed towards making the arts accessible for the disabled. For example, in 1980 The Museum of Modern Art in New York City devoted all of its galleries to an exhibition of Picasso's work. Administrators sought to make the exhibition accessible to the disabled by the following modifications:

- . printing the descriptive brochure in large type for the visually impaired, and in braille for the blind;
- . the audio-cassettes available to the general public were transcribed into print for the deaf;
- . special wheelchair routes were made available and all elevators were reserved for the disabled and the elderly;
- . unfortunately, because of the conditions of the loan, the exhibits were not able to be touched by the blind, but this has been allowed in other exhibitions. It is not inconceivable that, given our technology today, many of the exhibits could be duplicated in synthetic materials so the blind could feel them.

In Australia the Theatre of the Deaf has made a very valuable contribution to bringing drama to the deaf and hearing impaired. No-one has attempted to bring opera to this population, yet not only is this feasible but it has been done. In Philadelphia, in 1979, six hundred hearing impaired children were treated to the delights of a performance of Rumpelstiltskin by the local opera company. The children were introduced to the story at school, through slides and sign interpreters. Four temporary audio loops were installed in the theatre so the children could receive sound through their own magnetic hearing aids. During the performance, two American sign language interpreters stood at the front of the stage under footlights. The audience was not restricted to the hearing impaired and there were no objections to the arrangements from the hearing public.

Museums and art galleries should begin to consider the blind and visually impaired as possible patrons for visual exhibitions. Aids such as audio-cassettes which describe the exhibits, braille labels, raised-line maps and models, large-print catalogues and guides are some of the modifications to be considered. Exhibitions could also consist of those works of art which the blind could handle, both in museums and galleries. Replicas and facsimiles were used in the King Tut Exhibition of the New York Metropolitan Museum. In addition, cassette tapes and identity labels which gave the history of each piece as well as background material on the era were available. Special training is also being given to guides in museums to prepare them for groups of disabled patrons.

'A Touch of Arts', a special exhibition at the Art Institute of Chicago, consisted of artefacts which had been selected for the quality of their tactile experience. Some art galleries are using copies of paintings which can be touched, and felt replicas. One of the most exciting innovations was offered at the Philadelphia Museum of Art, where blind visitors are given a guided tour first and then offered the opportunity of trying their own skills in a studio which offers hammers, chisels, stone and other media. In determining such opportunities for the disabled it seems important that the client be consulted during the planning stages, for his knowledge about specific limitations could be of valuable assistance.

Conclusion

'Education is the medium through which the cultural mores and knowledge in the arts and society exert a humanising influence upon the pattern of social relationships' (Neale, 1977). Thus the quality of our social life depends on the quality of our education. By ensuring experiences in the arts for our young disabled people, we afford them the opportunity of developing skills and aesthetic taste which can continue to develop and mature through the teenage years into adult life. Such competencies can add to the sense of self-esteem, will allow the disabled person to participate in activities in which the non-disabled take part, thereby assisting social integration, and provide the means to use leisure time constructively and with pleasure.

Let us not place limits on the capacity of disabled and handicapped people to enjoy the arts but rather make adaptations and modifications which will make their task of participation less difficult. Let us support those parents, professionals and advocates of the disabled and handicapped in their endeavours to make arts for these people a reality.

BIBLIOGRAPHY

ACCESS (newsletter published by Arts and Special Constituencies Project) No.3, Nov. 1980 (Special edition on Museums)

APPELL, M.J., 'Arts for the handicapped; A researchable item,' *Journal of music therapy*, XVII (2), pp. 75-83, 1980.

APPELL, M.J., *The field initiated studies program fiscal year '78; A study of the arts proposals*, Washington DC, 1978.

THE ARTS and handicapped people; *Defining the national direction*, Bureau of Education for the Handicapped; National Committee, Arts for the Handicapped, Washington DC, 1977 (Eric document: ED 158 445)

AUSTRALIAN UNESCO SEMINAR, 1968, Sydney. *Criticism in the arts*, Canberra, Aust. Natl. Advisory Cttee. for UNESCO, 1970.

BARLOW, G., 'The nature of society's attitude toward the handicapped and the arts,' in *The arts and handicapped people; Defining the national direction*, Bureau of Education for the Handicapped; National Committee, Arts for the Handicapped, Washington DC, 1977 (Eric document: ED 158 445)

BOOTHROYD, A., *Audiological considerations in music for deaf children*, 1978. Draft.

BRONOWSKI, J., *The visionary eye - Essays in the arts, literature and science*, Cambridge, MII Press, 1979.

BROWN, L. et al., Utilizing the characteristics of a variety of current and subsequent restrictive environments as factors in the development of curricular content for severely handicapped students, 1980. Draft.

DOBZHANSKY, T., *Mankind evolving*, Yale, New Haven Conn., 1962.

EISNER, E.W., 'The role of the arts in the invention of man,' in INTERNATIONAL SOCIETY FOR EDUCATION THROUGH ART. *World Congress ...* (see below), 1980.

FORSYTHE, J., and JELLISON, J., 'It's the law', *Music educators journal*, 64 (3) pp. 30-35, 1977.

GARDNER, H., *The arts and human development*, NY, John Wiley and Son, 1973.

GREENOUGH, W.T., VOLKMAR, F.R. and JURASKA, J.M., 'Effects of rearing complexity on dendritic branching in frontolateral and temporal cortex in the rat,' *Experimental neurology* 41, pp. 371-378, 1973.

GUIDE to resources - for program developers in the field of arts for disabled individuals, NCAH, Washington DC, 1980.

HEBB, D.O., 'The mind and its integration,' in FARBER, S.M. and WILSON, R.H.L., (eds), *Control of the mind*, NY, McGraw Hill, 1961.

INTERNATIONAL SOCIETY FOR EDUCATION THROUGH ART. World Congress, 23rd, Adelaide 1978. *Arts in cultural diversity*, Sydney, Holt Rinehart and Winston, 1980.

KALENIUS, W.G. Jnr. 'The state of research,' in *The arts and handicapped people; Defining the national direction*, Bureau of Education for the Handicapped; National Committee, Arts for the Handicapped, Washington DC, 1977 (Eric document: ED 158 445)

KAPLAN, M., *Foundations and frontiers of music education*, NY, Holt Rhinehart and Winston, 1966.

KUKUK, J. and SJOLUND, J., 'Arts for the handicapped; A national direction,' *National elementary principal*, 55, pp. 86-88, 1976.

MARTIN, E.W., 'A national commitment to the right of the individual,' *Exceptional children*, 43 (3), pp. 132-135, 1976.

MASLOW, A., 'Music education and peak experiences; Documentary report,' in TANGLEWOOD SYMPOSIUM, Berkshire Music Center, 1967. *Music in American society; Documentary report ---*, Music Educators National Conference, 1968.

NATIONAL COMMITTEE, ARTS FOR THE HANDICAPPED. Information sheet. Unpublished manuscript, Washington DC, 1975.

NEALE, M., (Chairman) AUSTRALIAN COUNCIL FOR REHABILITATION OF DISABLED. *Changing philosophies and practices in education; The charter for the education of children and adults with handicapping disabilities*, 1977.

NOCERA, S., 'Special education teachers need special education,' *Music educators journal*, 59 (8), pp. 72-75, 1972.

O'CONNOR, P., 'Early education,' in AUSTRALIAN COUNCIL FOR REHABILITATION OF DISABLED. *Changing philosophies and practices in education; The charter for the education of children and adults with handicapping disabilities*, 1977.

RANDOLPH, J., COOPER, B., CURTIS, C.R. and REDELHEIM, P., Problems perceived by Maime educators in teaching mildly handicapped children in mainstreamed classes. George Peabody College, Nash., 1975. Unpublished manuscript.

RIESEN, A.H., 'Sensory deprivation,' in STELLAR, E. and SPRAGUE, J.M., (eds), *Progress in physiological psychology*, NY, Academic Press, 1966.

ROCKEFELLER, D., *Coming to our senses*, NY, McGraw Hill, 1977.

ROSENZWEIG, M.R., 'Effects of environment on brain and behavior in animals,' in SCHOPLER, E. and REICHLER, R.J. (eds), *Psychopathology and child development*, NY, Plenum Press, 1976.

SHAHN, B., in BEST, D., 'Objectivity in artistic appreciation,' in INTERNATIONAL SOCIETY FOR EDUCATION THROUGH ART. *World Congress ...* (see above), 1980.

SMITH, J. and PERKS, W., *Humanism and the arts in special education*, Washington DC, NCAH, 1978.

STUART, M. and GILBERT, J., 'Mainstreaming needs assessment through a video-tape scale,' *Journal of research in music education*, 25, pp. 283-289, 1977.

A SURVEY of special education in Australia; provisions, needs and priorities in the education of children with handicaps and learning difficulties, by Robert J. Andrews, John Elkins, Paul B. Berry and John H. Burge, Queensland, University of Queensland, Department of Education, Fred and Eleanor Schonell Educational Research Centre, 1979.

WARNOCK, H.M. (Chairman), GREAT BRITAIN. Committee of Enquiry into the Education of Handicapped Children and Young People. *Special educational needs*, London, HMSO, 1978.

WIESEL, T.N. and HUBEL, D.H., 'Comparison of the effects of unilateral and bilateral eye closure on cortical unit responses in kittens,' *Journal of neurophysiology*, 28, pp. 1029-1040, 1965.

WOLFENBERGER, W., *The principle of normalization in human services*, Toronto, Leonard Crainford, 1972.

SPORT AND RECREATION FOR THE DISABLED

A Discussion Paper

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INTRODUCTION

In contemporary Western society there has been a distinct change in lifestyle to the extent that leisure time pursuits are being afforded the attention previously reserved for more basic priorities such as employment, independent living and health care. 1981 as the International Year of Disabled Persons may be seen as a most opportune time to realise that the pursuit of leisure related activities is fundamental to the lifestyle of the disabled.

It is undisputed that technological revolution and automation are accompanied by a greater proportion of time outside the 'work' environment when one is able to pursue activities and interests freely chosen. It is widely accepted that sport and recreation form an integral part of every person's right in regard to leisure pursuits. It is also assumed that disabled persons are part of the community and not a special group outside it. For those instrumental in providing opportunity for participation it is imperative that this opportunity is afforded throughout the community, especially for those for whom accessibility may be impeded due to disability. To ensure full access to sport and recreation, identification and elimination of the special difficulties which confront the disabled must occur. Irrespective of the principle of social justice, it is well documented that participation in sport and recreation may make a therapeutic contribution to the needs of the disabled, in addition to the intrinsic values of participation.

The ensuing discussion focuses on:

- (a) aspects associated with the status of the disabled with regard to provision for sport and recreation in the current situation;
- (b) present policies and programs; and
- (c) formulation of guidelines and future directions to facilitate extension of services where necessary.

At the outset it should be stated that the tenet of the present paper is in accordance with The Charter of Leisure presented by the International Recreation Association in 1970, which stressed that the focus of opportunity should be on 'everyman'. It was stated that 'Everyman has a right to participate in and be introduced to all types of recreation during leisure time'. Not only should the disabled person be considered within the concept of 'everyman' (Calder, 1979), but furthermore every disabled person should experience numerous sport and recreational activities.

DEFINITION OF TERMS

At present it is estimated that 1,500,000 people in Australia are disabled, a relative figure which will undoubtedly grow as advances in medical science and technology result in greater survival and an extended lifespan of disabled persons. 'Disability', 'handicap' and 'impairment' are terms often used separately or interchangeably, in connection with so-called 'special populations'. In the present paper only the term 'disability' will be used and will encompass any condition - physical, intellectual, social or emotional - which interferes with the effectiveness of the interaction of an individual with the environment (Calder, 1979).

Sport and recreation mean different things to different people. In essence these two areas of activity may be subsumed as part of the more comprehensive concept of leisure. According to Wehmar (1978), leisure activities may be divided into two broad categories of 'structured play' and 'free play'. While the meaning of the terms 'sport' and 'recreation' is a much debated and unresolved issue, within the context of the present discussion sport is viewed as synonymous with 'structured play' and recreation as synonymous with 'free play'. While these working definitions will raise the bristles of some people, it is stressed that the common element of sport, as well as recreation, is that they result from *freedom* of choice as to what to do with free time, and both may provide enjoyable means of using leisure time.

The range of activities which may be identified under the broad definitions of sport and recreation is almost endless, ranging from competitive activities to those pursued primarily for self-satisfaction, whether undertaken alone, in small groups or in larger groups. Furthermore, activities such as going to the theatre, visiting museums, tapestry, and so on, may be included. While it is not denied that these pursuits are in themselves forms of recreation, they will not be considered within the scope of the present paper, but will no doubt be mentioned in a discussion paper (in the present volume) dealing with the role of the arts in ensuring a disabled person develops to full potential within the community. Again for brevity, only activities of a distinct physical nature involving execution of skilled movements will be considered. Although the medium is physical activity, it does not follow that only the needs of the physically disabled are to be addressed but also the need for physical activity by mentally, socially and emotionally disabled persons is recognised.

Before continuing, it is important to note that when the present paper was initiated the title was restricted to 'sport', despite the fact that there has been a dramatic

change of focus in leisure pursuits within the community in recent years towards activities encompassed under the umbrella of 'recreation'. In fact, as the paper unfolds, it will become apparent that in Australia in many instances there is a highly structured environment for disabled persons to participate in sport, those involved being able to compete regularly at international level competition. In general, the same cannot be said in terms of recreation, and this may be attributed primarily to the fact that there is a vacuum within which changes for disabled persons lag behind concomitant changes within the community at large. Also, the diversity of activities being pursued in recreation and the fact that invariably the activities are individually based, necessitates a much more complex approach to facilitate participation. An increasing number of organisations are endeavouring to provide organised recreation activity programs, such as camps, wherein structured timetables are followed. Care should be taken to ensure that the person's freedom of choice among activities is permitted rather than being restricted to one specific program.

To understand the present situation in terms of sport and recreation it is essential to trace the stages of development of the general provision for the disabled within the total community framework. Due to the limited scope of the present paper, the question of children's education serves as a convenient example to illustrate the way society's thinking in terms of sport and recreation has changed with the passing of time.

With the introduction of compulsory education at the beginning of the present century a major concern arose as to the degree of involvement of the disabled in the 'mainstream' of community life in general, and education in particular. It became apparent that the diverse range of mental and physical disabilities of children necessitated specialist programs and, consequently, separate schools for individual groups such as the blind, deaf and mentally disabled were developed. Segregation of these groups was believed to be appropriate in catering for their needs and the needs of society in general. Such environments were deemed desirable so that these individuals 'may be trained in useful and specific habits up to the limits of capacity, and so that those incapable of profiting from training may be segregated and become less of a menace to society' (Mealy, 1940 p.74, reported in Semmel, Gottlieb and Robinson, 1979). While this statement would represent an extreme viewpoint, the rationale for separation was based on the benefits to be obtained by the disabled through individually guided tuition afforded by specially trained teachers; this also permitted children in the normal teaching situation to proceed unimpeded by the additional time and effort devoted to the disabled children.

Since the 1940s, provision for the disabled has often been provided by voluntary organisations. The focus of the programs implemented has primarily been towards family relief and

development of meaningful tasks to occupy these individuals. The realisation that it was essential to cater for the long term needs of these people led to the establishment of sheltered workshops and activity therapy centres to introduce societal and personal skills, in an attempt to integrate the disabled into the community. In 1974, the Handicapped Persons Assistance Act was passed providing substantial subsidies to various organisations to run sheltered workshops, activity therapy centres, and other facilities. The Act stated that the all-round personality and ability of a person should be developed. Since the introduction of the Act important positive changes have occurred, although the appropriateness of some present policies has been questioned (Berry, Andrews and Elkins, 1977). The report of the Anti-Discrimination Board dealing with the disabled forwarded about 100 recommendations directed towards 'maximising the opportunity for people with handicaps to lead full, useful and happy lives and participate fully as members of the community'. However, both the sheltered workshops and activity therapy centres have generally not realised this end, emphasising the vocational aspect of experiential and rehabilitative services. Limbrick (1977 p.18) expressed this concern: 'The activity therapy centre should be concentrating on programs directed at teaching and reinforcing social and independent living skills, including the constructive use of leisure time, and only introducing a vocational component to the extent of teaching "work" habit'. It is characteristic that most organisations do not develop the leisure aspect and in fact do not fulfil the obligations under the guidelines as outlined in the Act for the subsidies provided.

A major underlying reason for the inappropriateness of emphasising vocational skills has been the impact of the halt to the economic boom and the present day crisis of job placement within the community. No longer is there an assurance that normal children, let alone the disabled, will be absorbed within the work force.

IMPLICATIONS FOR SPORT AND RECREATION

A direct consequence of the decreased employment opportunity is the need for the provision of a diverse range of sporting and recreative skills for all members of the community, including the disabled. While educational authorities have taken steps to ensure that such experiences are available to children in the normal school environment, this cannot be said for the disabled in the community. It was noted in the Bloomfield Report (1973) that very few recreation facilities or programs existed for the (physically and mentally) disabled, either within specific institutions or in the wider community. Although there have been visible advances in promoting access to facilities for all groups within the general community in the last five years, the same does not appear to be the case in terms of programs available in sport and recreation.

It has been noted, in particular, that severely and profoundly disabled persons will have an abundance of leisure time, particularly those individuals who are institutionalised and living in residential facilities. Berry, Andrews and Elkins (1977) concluded from an evaluation of the services available for the disabled within institutions in Australia, that there was a definite need for increased community integration of the disabled and the involvement of the community at large in this process. The need for the interface of leisure time activities was realised. It was concluded that 'There is a particular need for leisure time activity programs in these (residential) facilities ... In terms of education for community living, the schools were sadly lacking, with little community involvement in their activities (p. 134)'. In accordance with a policy towards 'normalisation' of disabled persons, it is essential that disabled children are afforded the opportunity to interact with the 'normal' peer group through participation in motor skills associated with various sport and recreation pursuits.

The benefits to be derived from experiences in sport and recreation are well documented and there is no reason to think that such benefits would not be conspicuous in the disabled population. As leisure activities are pursued by choice the enjoyment and opportunity for personal expression is in itself justification enough of their worth. Some of the variables which have been posited to be enhanced from programs of physical activity include: physical fitness, motor proficiency and spatial body awareness. Perhaps the most notable work in the area of sport and recreation for the disabled in Australia has been undertaken by Jean Calder, who has reported an improvement in co-ordination, fitness levels and other behavioural responses by disabled persons in structured physical education and recreation programs (Calder, 1970). Rather than mention further the benefits generally conceded to those who participate, it is more appropriate here to highlight some of the distinct additional benefits to be accrued by the disabled.

Perhaps the first immediate role of sport and recreation is the need for the individual to organise daily activities, rather than merely being resigned to their disability. In fact, physical activity may provide a distinct challenge in a generally protected environment. The therapeutic worth of sport and recreation has been widely realised with many health orientated teaching institutions ensuring that students are given formal training in teaching sport and recreation activities. A word of caution is appropriate here: although provision for sport and recreation is to be promoted by the therapies for people who are disabled, there is the danger that the emphasis may be placed on the therapeutic worth of the activity at the expense of the opportunity for enjoyment and self-expression through participating in the activity for its own sake.

A major concern of rehabilitation is to enable a person to cope with general daily activities such as dressing, eating and mobility. In many instances a frequent cause of discouragement is fatigue, a condition which may be often overcome through physical activity by enhancing physiological parameters such as aerobic fitness, strength, flexibility and speed. Possibly the most important contribution of sport and recreation is the powerful medium it provides for community integration in a situation conducive to a relaxed and informal setting for involvement (see Snowden Report 1979, a report on sport and recreation for the disabled in Britain).

PRESENT SITUATION

It is a fundamental premise that the interests of disabled persons in sport and recreation are as varied as those of the non-disabled. Additionally, it is most important that the activities are personally and privately chosen by each individual. Accordingly, the pursuit of activities chosen must be viewed as primarily fulfilling the individual's need to participate and derive a sense of achievement from individual or group involvement. It is the authors' view that these primary motivations for participation in sport and recreation are at present being experienced by a restricted number of disabled persons in Australia and the scope of activities available is inadequate. This situation would seem understandable at first, with sport and recreation for disabled people presenting a somewhat complex picture for several reasons. Such reasons include the range of different disabilities, degrees of disability, and the related issues which emerge. Further complication exists from the varied composition of disabled persons' sports organisations, with some organisations such as the paraplegic sports group catering for a specific disability group, while other organisations, such as Aquatics for the Disabled, cater for a specific activity encompassing different disabilities.

The contribution of national organisations is clearly evident at present, especially in sport, which in many cases is highly organised with the disabled well established in sporting groups catering for their specific disability; for example paraplegics, quadraplegics, amputees and the blind. Often the disabled persons involved are highly motivated and/or have talents which enable the attainment of personal satisfaction through participation in top level sports competitions. While not detracting from the initiatives responsible for the development of these groups, this approach is essentially juxtaposed to the concept of integration of the disabled within the community. Thus the focus is on the disability as the reference and participation in sport modified for those with a common disability. This approach immediately isolates these individuals from society in general. While it is essential

to provide resources for these people they do represent a small percentage of the total disabled population. It would seem appropriate that steps should be taken to complement the activities of these specific sporting groups for the disabled with general community groups having similar interests, in order to provide greater opportunity for the disabled to interact with and influence their less motivated and less confident peers. Perhaps the most noticeable impact made by active disabled athletes would be with persons disabled subsequent to accident, as these people often need stimulation to take an interest in activities which put purpose back in life itself. Sporting bodies are slowly widening these opportunities for participation to incorporate levels of involvement for the non-competitive. For example, the 'Sporting Wheelies' in Queensland includes all diagnostic disabilities and is aware of the need to promote options, in particular low level competition, for both juniors and the aged.

In contrast, many disabled people are not interested in joining organised sporting bodies. But this should not be interpreted as being indicative of a lack of interest in sport and recreation. The underlying similarity between disabled and non-disabled people, in terms of their interests, is reflected in a radical change by both groups, here and overseas, which has seen an increasing number of people moving away from organised competitive sports towards a wide range of outdoor individual pursuits. This trend has profound implications for those involved in providing for the disabled, as they should appreciate that to cater for varied interests and experiences a diversity of recreative and sporting activities is essential. It is evident that the disabled are interested in, and currently participate in, a broad base of sporting and recreative activities. Such activities include parachuting, boomerang throwing, swimming, sailing, basketball, motor racing, canoeing, scuba, cycling and horse-riding to name a few. To deny or discourage participation by the disabled is an injustice, indicating a lack of foresight and education with respect to the needs of the disabled.

POLICIES AT DIFFERENT LEVELS

Commonwealth Government

For some years the Commonwealth Government, under the auspices of the Department of Home Affairs, has provided financial assistance for sporting organisations for the disabled through a Sports Development Program. Allocations, totalling \$60,000, have been approved for 1980/81, of which \$58,000 has been designated to international sporting activities and \$2,000 to internal administration. The priorities of this allocation reflect the focus of the Government's effort prior to 1981. Isolation for competition is defensible within diagnostic

groups, but integration of events for the disabled within competition fixtures for the non-disabled needs to be promoted.

Until now the principal administrative vehicle to relate to the Commonwealth Government on matters of sport and recreation for the disabled has been the Australian Sports Council for the Handicapped, which incorporates the Australian Paraplegic and Quadraplegic Sports Federation, the Australian Deaf Sports Association and the Australian National Council for the Blind. The constitution and rules governing this Council categorically state that it operates as a 'central advisory consultative body in relation to competitive sporting events', and that it liaises with the Commonwealth Government 'for the purpose of processing applications for financial assistance in relation to competitive sporting fixtures, games, events or administration'. The Council is receptive to the admission of other organisations but membership is restricted to those organisations which promote competitive sporting activities for disabled persons throughout Australia. Clearly the focus of this body is on competitive sport and it does not provide an avenue of assistance for those wishing to pursue non-competitive leisure pursuits, either on an individual basis or within a group.

Recently, the Commonwealth Government initiated a major change to its policies in regard to sport and recreation for the disabled. Prior to the last Federal election the Minister of Home Affairs made a significant press release which stated: 'A Federal Liberal National Country Party Government would, next year, introduce a special first ever - policy on sport and recreation for the handicapped'.

The two major themes of the Government's policy are:

- (a) to foster the integration of disabled with able-bodied persons in activities; and
- (b) the provision for disabled to compete at national and international levels of competition.

It should be remembered that integration can only succeed if the disabled themselves are involved at every stage. The decision-making bodies at the national level should include disabled people in the composition of any committees to ensure that they can play a role in policies decided. The second basic objective, involvement of the best disabled athletes at national and international level, represents concern for one extreme between the levels of participation possible. In a sense this may reflect the 'mileage' to be obtained by a country through top level performance in international sport by both non-disabled and disabled participants. The moneys allocated to sports groups for 1980/81 indicate that this objective is being pursued. It is important that this opportunity be provided, but at the same time broader access to sport and recreation (especially the latter) is much needed for the other disabled

people in the community. It is envisaged that a newly formed National Committee will recognise this as an essential area for development.

Fortunately, the Government has pursued the former policy outlined above, with a National Committee on Sport and Recreation for the Disabled being established. The Committee consists of six individuals chosen from a cross section of concerned bodies, and its task is to advise the Minister and assist on matters related to the development of leisure activities for the disabled in the following areas :

- (a) advisory service to those groups providing for the disabled;
- (b) involve disabled in general community activities;
- (c) advise on funding for modification of rules and the development of special equipment to encourage disabled persons to participate; and
- (d) advise on funding for new sport and recreation activities for the disabled.

In its Fourth Report, soon to be released, the National Advisory Council for the Handicapped (NACH) will include a statement on the role of sport and recreation for the disabled. The Council is committed to maximising the opportunity for all disabled persons to be able to participate, with sport and recreation being seen as an integral part of the cultural heritage of Australia. The two prime outcomes seen to be derived from such involvement are those of personal satisfaction and enjoyment.

The need for a central administration to develop a national policy has previously been expressed by NACH, and this has possibly assisted in precipitating the creation of the National Committee on Sport and Recreation for the Disabled by the Federal Government. Other features to be highlighted in the report by NACH are :

- (a) the adoption of the broadest perspective of leisure activities;
- (b) the inadequacy of present tertiary level courses to prepare suitably qualified personnel;
- (c) funding of applied research projects to modify and extend leisure activities to incorporate the vast scope of disabilities incurred;
- (d) modification where necessary and future provision in terms of building and service facilities to ensure full access by the disabled; and

- (e) greater public awareness to prevent overprotectiveness and eradicate the limited expectations towards disabled people.

State Governments

Based on the responses of the bodies responsible for sport and recreation within each State, it is apparent that some States have highly structured organisations with clearly formulated policies which are implemented by suitably qualified personnel. On the other hand, in some States fragmented and disparate policies have existed in the past. Also the existence of inadequately qualified and inexperienced officers in sport and recreation for the disabled is often a major stumbling block to policy implementation. Without exception, a concerted effort is being mounted in all States to cater for the leisure requirements of the disabled - during 1981, at least.

It is not possible to incorporate either a detailed report concerning sport and recreation policies in general for each State or an outline of specific projects in each State for 1981. The following section will be restricted to highlighting distinct features of each State to assist in gauging the national perspective in the present situation.

New South Wales

The Department of Sport and Recreation, which is responsible for assistance in the field of sport and recreation in New South Wales, recently appointed a full time Coordinator for Special Populations. This person will be responsible for the initiation of appropriate policies for the Department. At present no specific policies related to disabled persons exist; consequently it has been left to non-disabled persons and the disabled who have been interested to adapt services presently available. No specialists are employed in the field of disabled sport and recreation, although interaction exists with a number of sporting bodies for the disabled. Many viable and needed programs are proposed; for example State-wide learn to swim, vacation play centres and outdoor education programs. The main stumbling block to the effective implementation of these programs invariably is lack of finance for staffing and inadequately qualified personnel to conduct such programs. 'Expertise in both permanent and casual staff needs to be further developed, and organisations, groups and recreation officers in local government assisted with the development of programs' (Crane, 1981, p.18).

The Department, through its Capital Assistance Scheme, is attempting to influence local governments, community organisations and sporting bodies wherever possible in the design of leisure facilities, which provide access and opportunities

for participation by disabled persons. This will be further emphasised in 1981 when it is possible that a high priority will be given to those applications that relate specifically to disabled persons, both in terms of facilities and proposed programs.

Victoria

In Victoria the Department of Youth, Sport and Recreation, which has expanded considerably since its inception in 1973, established the Victorian Advisory Council on Recreation for the Handicapped. This body serves in an advisory role to both the Department of Youth, Sport and Recreation and to organisations or individuals in the area of recreation. In general, the Department services the State through a regional office network with specialist personnel being attached to head office. The specialist professional officers for the disabled work very closely with the Advisory Council and provide background information, plan initiatives, assess funding applications and evaluate field programs in cooperation with voluntary organisations and other groups. A most comprehensive set of guidelines has been established for those seeking funding for projects in recreation. In addition, the officer serves on relevant interdepartmental committees and task forces, which facilitates two-way communication between the Department and other authorities and organisations. Furthermore, this officer has a large number of other duties with respect to providing in-service training for students and others interested in recreation for the disabled.

This latter responsibility would seem to require further development in Victoria, as the major obstacle (which is apparent in most of the States) is the non-availability of qualified people working in the area of sport and recreation for the disabled.

Queensland

In Queensland the past five years have seen a tremendous growth in services which incorporate the disabled, particularly with respect to recreation. The 'Sporting Wheelies' who coordinate and administer a diverse range of sporting activities at all competitive levels for different diagnostic groups, and agencies dealing with special impairments, also conduct recreation activities amongst and within their own groups, for example the blind and intellectually disabled.

In 1974, the Queensland National Fitness Council for Sport and Physical Recreation established its State Committee on Recreation for the Handicapped. As a direct result of the Committee's promotional, educational and co-ordinated efforts, there is now a remarkable level of awareness of the benefits of recreation to the disabled, not only among those persons

responsible for their general care and well-being. But among many community organisations now opening their recreation services to the disabled on an integrated basis.

The State Committee is voluntary, composed in the main of professionals working with disabled persons in a variety of roles, one of which is recreation. Disabled persons are prominent members of this Committee and educators and interested lay persons are represented. The National Fitness Council provides the administrative secretariat and field workers to implement policy decisions of the Committee.

Since 1979, courses in 'education for leisure' for disabled persons have been developed through the Recreation Committee with partial funding from special Technical and Further Education allocations. These programs have included both passive and active recreation.

In addition, the Committee has pioneered the development of seminars, weekend residential courses and camps. These have been educational programs for persons responsible for the delivery of recreation services, as well as learning experiences for disabled persons.

South Australia

Perhaps the most significant development in South Australia has been the creation of the Recreation Association for the Disabled, which has the specific task of liaising through the Recreation Advisory Council with the Minister of Recreation and Sport. The impact of this appointment will be most apparent, not necessarily in 1981 but rather over the next decade, due to valuable links being established with the Department of Further Education in terms of both courses planned and the training of professionals for disabled people. State initiatives appear to be in line with the broader terms of reference of sport and recreation, with 'Life Be In It', 'Keep Fit Instructors' Courses for the Disabled' and 'Come Try Fishing' being some of the activities promoted.

It is pleasing to note that since 1978 Capital Assistance grants have been conditional upon the building conforming with the Australian Standard 'AS1428 Design Rules for Access by the Disabled', and in 1981 a high priority will be given to disabled groups' applications for recreation facilities.

Western Australia

In Western Australia extensive provision is made within the education framework to ensure early involvement of the disabled in physical activity under the guidance of trained personnel. Five schools for the intellectually and physically disabled,

White Gum Valley, Bulga, Miller, Koondoola and Willetton, each have a specialist physical education teacher. Encouragingly, the programs at these schools are aimed at developing a wide range of sports and recreation activities to allow considerable freedom of choice in later years. Furthermore, children are given a variety of experiences to familiarise them with the community environment, to ensure access to local recreation centres is possible. Having prepared children for the transition into the community, to encourage the disabled to avail themselves of the available sporting and recreation facilities, there is a need for recreation officers to develop local programs for the disabled to foster community integration.

The Department of Youth, Sport and Recreation primarily serves in an advisory capacity, with representatives on :

- . Advisory Committee on Children in Institutions (Schools Commission);
- . Special Schools Sport and Recreation Coordination Committee;
- . Independent Living Centre Management Committee;
- . W.A. Division of the Australian Council for Rehabilitation of the Disabled (ACROD); and
- . Division for Intellectually Handicapped Recreation Executive.

Tasmania

In Tasmania the Division of Recreation, as the body responsible, is committed to integration of the disabled within community activities, and where this cannot be realised support is offered to ensure participation by the disabled. The *Report of the Tasmanian Board of Inquiry into the Needs of the Handicapped*, presented to Parliament in March 1980, commented that the Division of Recreation as the body responsible for the disabled had had discussions in terms of planning, management and costs. The role of the Division of Recreation has essentially been to provide an advisory service to volunteer organisations who have, in the main, unfortunately attached a low priority to recreation. The Board of Inquiry emphasised the valuable role to be played by recreation in the broader context and, accordingly, the voluntary agencies were requested to extend this service with greater assistance from the Department of Recreation. The major obstacle identified was inadequate staffing. At that time only one recreation officer was available to implement State-wide responsibilities for disadvantaged groups, including the disabled. This inadequacy has been acknowledged and three staff members have been assigned to the three regional offices, to co-ordinate with the Division of Recreation representative

to implement policies in each region. In addition, on the North West Coast a suitably qualified disabled person has also been appointed for part of 1981.

Northern Territory

The Northern Territory represents the newest frontier in development of services for the disabled. Having observed the pitfalls experienced by other States, the Government, through the Department of Education, Health and Community Development, is seeking to promote integration of the disabled within the community and to avoid the growth of specialist organisations which foster isolationism. In recognition of the International Year of Disabled Persons, the Government has appointed an officer whose primary responsibility will be the assessment of the needs of the disabled. Additionally, local community committees, utilising the services of disabled people, have been formed.

Australian Capital Territory

A recent report on provisions for children with special needs in the Australian Capital Territory places an emphasis on the availability of equipment and facilities, but appears to neglect the need for trained personnel and course development in sport and recreation. Although community integration is recommended in the report, it is suggested that in addition to adequate facilities its implementation with respect to sport and recreation requires the services of specialists in the field.

The significance of leisure activities being available in the Australian Capital Territory is reinforced by the fact that the opportunity for employment within the Public Service (which employs 60 per cent of the entire workforce) is, at present, extremely bleak. As outlined previously in this paper, this situation is indicative of the current trend throughout Australia.

SUMMARY

In this paper we have discussed three main issues with respect to the disabled and their interaction with sport and recreation in general. These issues are :

- (a) the current status of the disabled in terms of access to sport and recreation;

(b) present policies and programs; and

(c) the formulation of future directions.

To a considerable extent the discussion thus far has been devoted to the first two issues. In terms of concluding remarks it is perhaps appropriate to dwell on the third, as it is the formulation of future directions that will undoubtedly instigate the greatest dialogue. To this end our concluding statements focus on suggestions for developing the interaction between the disabled and sport and recreation.

The integration of the disabled in the web of sport and recreation should proceed so that the primary purpose is directed toward goals emphasising personal enjoyment, freedom of choice and fulfilment of intrinsic needs.

To assist in achieving these goals present sporting and recreation organisations should be encouraged to expand their horizons and adopt a posture of flexibility and integration as opposed to a regulation-centred and participant-limiting environment. Some organisations have already demonstrated that this policy is by no means impossible to implement, with the disabled involved at all levels including administration, participation and simply being there. It is most encouraging to note that the States are committed to extending services and expanding communication networks to encompass a wide range of physical activities for the disabled. Many programs outlined for 1981 are geared to the long-term interests of the disabled in sport and recreation rather than merely fulfilling the commitment outlined by the United Nations.

It is apparent that a need exists for trained personnel to work with the disabled, beyond the realm of therapeutic involvement toward the goal of meaningful sporting and/or recreational activity. The supply of trained personnel will be dependent upon the development of specific programs and courses, within which the preparation of these personnel can be accomplished. It is envisaged that many candidates for such training may well be disabled members of the community.

Finally, there is a need for political support and increased public awareness if progress is to be made towards understanding and satisfying the sporting and recreational needs of the disabled. It is imperative that established organisations (such as NACH which has already prepared a comprehensive policy on sport and recreation for the disabled) have such policies recognised at all levels of government : Commonwealth, State and Local. That 1981 is the International Year of Disabled Persons should facilitate, encourage and expedite government's reception and implementation of such policies.

SELECTED REFERENCES

- BERRY, P.B., ANDREWS, R.J. and ELKINS, J., *An evaluative study of educational, vocational and residential programs for the moderately to severely mentally handicapped in three States*, Queensland, Fred and Eleanor Schonell Educational Research Centre, University of Queensland, 1977.
- BLOOMFIELD, J., *The role, scope and development of recreation in Australia*, Canberra, Department of Tourism and Recreation of the Australian Government, 1973.
- CALDER, J.E., 'Annotated bibliography and summary of research papers concerning the motor ability of the handicapped,' *Discover*, 1970, 3 (3), pp. 8-21.
- CALDER, J.E., *The status of the disabled in recreation. Paper presented at the recreation for the disabled seminar, Burwood State College, August, 1979*, pp. 23-39.
- CRAVEY, J. Sport and 'recreation' for the disabled. Paper for the New South Wales Department of Sport and Recreation, January, 1981.
- Handicapped Persons Assistance Act*, 1974
- LIMBRICK, D.N. 'Sheltered employment - basketweaving, paper folding, and cardboard cutouts?', *National rehabilitation digest*, 1977, 2, pp. 3-19.
- MEALY, H., 'The exceptional child : Your responsibility and mine (1940). Cited in SEMMEL, M.I., GOTTLIEB, J. and ROBINSON, N., *Mainstreaming : Perspectives on educating handicapped children in the public school*. Prepublication manuscript, School of Education, Indiana University.
- 'The Snowden Report. Sport and leisure.' *Action magazine*, 1979, p.9.
- TASMANIA. Board of Inquiry into the Needs of the Handicapped. *Report*. (Chairman : Ian W. Webster) Tasmania, Government Printer, March, 1980.
- WEHMAN, P., 'Leisure skill programming for severely and profoundly handicapped persons : State of the art,' *British journal of social clinical psychology*, 1978, 17, pp. 343-353.
- WORKING PARTY ON INTEGRATION OF THE DISABLED. *Integrating the disabled; Report of the Snowden Working Party*, Horsham, U.K., National Fund for Research into Crippling Diseases, 1976.